BRANFORD BOARD OF EDUCATION
POLICY COMMITTEE

WEDNESDAY	**Walsh Intermediate School Cafeteria**
6:00 PM	**185 Damascus Road**
February 14, 2024	**Branford, CT 06405**

To locate agendas and to access/view meetings please go to www.branfordschools.org

Branford Public Schools Mission and Vision Statement

Nurturing students and citizens who develop a deep commitment to learning today and leading tomorrow is the central goal of Branford Public Schools.

A G E N D A

I. Call to Order
II. Public Comments
III. Approve Minutes
IV. Discussion/Action Items
- **A. Policy 1800 Use of Facilities**
- **B. Policy 4200 Reports of Suspected Abuse or Neglect of Children or Reports of Sexual Assault of Students By Employees**
- **C. Policy 5300 Administration of Student Medications in the Schools**
- **D. Policy 5650 Suicide Prevention and Intervention**

V. Adjourn

TO PARTICIPATE IN PUBLIC COMMENTS REMOTELY PLEASE CALL:
(646) 558-8656 Meeting ID: 815 6405 4671 Passcode: 812124

When participating by telephone please mute your phone when joining the meeting and unmute your phone when you are ready to speak. This can be done by pressing *6 on your phone's keypad.

Rules Governing Public Comments:

- Three minutes will be allotted to each speaker. The Board may modify this limitation at the beginning of a meeting if the number of persons wishing to speak makes it advisable to do so. (Board Bylaw 9325)
- Conduct intended primarily to disrupt the Board of Education meeting shall not be permitted. Any speaker who engages in such conduct will be warned and allowed to correct such conduct. If the speaker continues to engage in the disruptive conduct such will be grounds for termination of the speaker's privilege to participate in public comment and may be deemed grounds for removal from the meeting site.
- All speakers must identify themselves by name and address.

Community/Board Operation 1800 P

USE OF SCHOOL FACILITIES

In accordance with Conn. Gen. Stat. § 10-239, the Branford Board of Education (the "Board") may permit the use of any school facility for nonprofit educational or community purposes whether or not school is in session. The Board may also grant the temporary use of any school facility for public, educational or other purposes, including the holding of political discussion, at such time the facility is not in use for school purposes. In addition, the Board shall grant such use for any purpose of voting under the provisions of Title 9 of the Connecticut General Statutes whether or not school is in session. In accordance with 20 U.S.C. § 7905, the Board shall not deny equal access to or a fair opportunity to meet, or otherwise discriminate, against any group officially affiliated with the Boy Scouts of America (or any other youth group listed as a patriotic society in Title 36 of the United States Code) that wishes to conduct a meeting using school facilities pursuant to this policy. Such uses shall be governed by the following rules and procedures, and shall be subject to such restrictions as the Superintendent or his/her designee considers expedient.

Consistent with this policy, the Superintendent shall develop and promulgate Administrative Regulations and associated forms governing use of school buildings and facilities by community and other groups. Since the primary purpose of school facilities is for educational activities, such activities will have priority over all other requested uses.

A. Application Procedures

Applications for use of facilities shall be submitted in accordance with the Administrative Regulations.

Groups requesting use of school buildings and facilities must identify the specific facilities desired, and approval will be for those specific facilities only. All school equipment on the premises shall remain in the charge and control of the building principal or responsible administrator, and shall not be used without the express written permission of the administrator.

Approval of school facilities by the principal or other responsible party may be revoked at any time by the Superintendent or his/her designee.

B. Eligible Organizations and Priority of Use

Requests for use of school district facilities will be made according to the following guidelines regarding priority of usage of such facilities:

Order of priority:

1. School-sponsored programs and activities.

2. Activities of school-related organizations (*e.g.,* PTA, Booster Clubs, After Graduation Committees and similar organizations).

3. Town department or agency activities.

4. Activities of non-profit organizations operating within the Town, other than school-related organizations covered by category #2 above.

5. Activities of for-profit organizations operating within the Town.

6. Out-of-town organizations.

C. Restrictions on Use of School Facilities

The following restrictions shall apply to the use of school facilities:

1. Illegal activities will not be tolerated.

2. Use or possession of tobacco, vapor products, alcoholic beverages or unauthorized controlled substances shall not be permitted on school property.

3. Refreshments may not be prepared, served or consumed without the prior approval of the responsible administrator. Notwithstanding, only those beverages permitted by state law may be sold during the school day. The responsible administrator may permit other beverages to be sold at the location of events occurring after the end of the regular school day or on the weekend as long as they are not sold from a vending machine or at a school store. Upon approval by the administrator, refreshments may be prepared, served and consumed only in areas designated by the responsible administrator.

4. Obscene advertising, decorations or materials shall not be permitted on school property.

5. Advertising, decorations or other materials that promote the use of illegal drugs, tobacco products, vapor products, or alcoholic beverages shall not be permitted.

6. Activities that are disruptive of the school environment are not permitted.

Any violation of this Policy or any applicable Administrative Regulations may result in permanent revocation of the privilege to use school facilities against the organization and/or individuals involved.

D. Fees and Other Costs

Users of school facilities shall be responsible for the fees and costs set out in a fee schedule established by the Superintendent. The following guidelines shall be incorporated into such fee schedule:

	Category	Fee
1.	School-sponsored programs and activities.	No rental fee or associated costs.
2.	Activities of school-related organizations (*e.g.,* PTO, Booster Clubs, After Graduation Committees and similar organizations).	No rental fee or associated costs.
3.	Town department or agency activities.	Associated costs.
4.	Activities of non-profit organizations operating within the Town, other than school-related organizations covered by category #2 above.	Associated costs.
5.	Activities of for-profit organizations operating within the Town.	Rental fee and associated costs.
6.	Out-of-town organizations.	Rental fee and associated costs.

"Associated costs" shall include, but shall not be limited to, fees for the services of any custodial personnel, food service personnel, security personnel or other personnel deemed by the responsible administrator to be necessary in connection with the use of a school district facility. Such costs shall be at the rates set forth in the fee schedule. Rental fees and/or associated costs otherwise applicable may be waived by the Superintendent or his/her designee if such waiver is deemed by the Superintendent or his/her designee to be in the best interest of the school system and/or the Town.

E. Responsibility for Damage to Property or Loss of Property

In order to use school district facilities, any organization or individual requesting such use must agree to assume responsibility for any damage to and/or theft or loss of any school district property arising out of the use of the facilities.

F. Health and Safety Protocols

In order to use school district facilities, any organization or individual requesting such use must agree to abide by all health and safety protocols in place by the school district at the time of use, including but not limited to protocols relating to cleaning of the facilities, signage, and health screenings of individuals requesting access to the facilities.

Legal References:

Conn. Gen. Stat. § 10-239
Conn. Gen. Stat. § 10-215f
Conn. Gen. Stat. § 10-221q
Conn. Gen. Stat. Title 9

Boy Scouts of America Equal Access Act, 20 U.S.C. § 7905
Patriotic and National Organizations, 36 U.S.C. § 1010 et seq.

ADOPTED: 10-19-2022
REVISED:

7/5/202

ADMINISTRATIVE REGULATIONS REGARDING USE OF SCHOOL FACILITIES

Application for Building Use

The Branford Public Schools Application for Building Use may be found on the district website by following the link for Buildings, Grounds, and Facilities under Departments (https://www.branfordschools.org/page/information-bgf).

Use of School Facilities

The priority list for allocating use of school facilities shall be as follows:

1. School-sponsored programs and activities.
2. Activities of school-related organizations (*e.g.,* PTA, Booster Clubs, After Graduation Committees and similar organizations).
3. Town department or agency activities.
4. Activities of non-profit organizations operating within the Town, other than school-related organizations covered by category #2 above.
5. Activities of for-profit organizations operating within the Town.
6. Out-of-town organizations.

Last Version: October 19, 2022

8/3/16

INDEMNIFICATION AND RELEASE

This form is valid for a period of one calendar year from the date signed for each application of usage which is made.

In consideration of the permission granted to it by the Branford Board of Education (the "Board") to use the school building, grounds, facilities, and/or equipment, the undersigned does hereby indemnify and hold harmless the Board and the Town of Branford, their employees, agents, contractors and assigns against any and all loss or expense, including attorneys' fees, court costs, damages, liability and any other amounts for any and all bodily injuries, including death, and/or for any and all property damage sustained accidentally or otherwise sustained by any person arising out of or connected with the undersigned's use of the school building, grounds, facilities, and/or equipment.

The undersigned further waives the right to initiate and/or pursue in any manner any and all lawsuits and any other claims in any forum against the Board or the Town of Branford, its individual Board members, officers, employees, agents, contractors and assigns for any injury or harm connected to the undersigned's use of the Board's facilities**,** including but not limited to claims for negligent acts or omissions and/or claims for death and/or serious bodily injury and/or claims for property damage.

The undersigned assumes responsibility for any damage to and/or theft or loss of any school district property arising out of the use of the buildings, grounds, facilities, and/or equipment.

The undersigned has read and agrees to abide by the terms of the Board policies pertaining to use of Board buildings, grounds, facilities, and/or equipment.

IN WITNESS WHEREOF, I hereunto set my hand this _____ day of _____, 20__.

Signatures:

_____

_____

11/17/12

Personnel **4200 P**

REPORTS OF SUSPECTED ABUSE OR NEGLECT OF CHILDREN OR REPORTS OF SEXUAL ASSAULT OF STUDENTS BY SCHOOL EMPLOYEES

Conn. Gen. Stat. Section 17a-101 et seq. requires school employees who have reasonable cause to suspect or believe (1) that any child under eighteen has been abused or neglected, has had a nonaccidental physical injury, or injury which is at variance with the history given of such injury, or has been placed at imminent risk of serious harm, or (2) that any person who is being educated by the Technical Education and Career System or a local or regional board of education, other than as part of an adult education program, is a victim of sexual assault, and the perpetrator is a school employee, to report such suspicions to the appropriate authority. In furtherance of this statute and its purpose, it is the policy of the Branford Board of Education ("Board") to require ALL EMPLOYEES of the Board of Education to report suspected abuse and/or neglect, nonaccidental physical injury, imminent risk of serious harm, or sexual assault of a student by a school employee, in accordance with the procedures set forth below.

1. Scope of Policy

   This policy applies not only to school employees who are required by law to report suspected child abuse and/or neglect, nonaccidental physical injury, imminent risk of serious harm, or sexual assault of a student by a school employee, but to ALL EMPLOYEES of the Board of Education.

2. Definitions

   For the purposes of this policy:

   "Abused" means that a child (a) has had physical injury or injuries inflicted upon the child other than by accidental means, or (b) has injuries which are at variance with the history given of them, or (c) is in a condition which is the result of maltreatment, such as, but not limited to, malnutrition, sexual molestation or exploitation, deprivation of necessities, emotional maltreatment or cruel punishment.

   "Neglected" means that a child (a) has been abandoned, or (b) is being denied proper care and attention, physically, educationally, emotionally or morally, or (c) is being permitted to live under conditions, circumstances or associations injurious to the child's well-being, or (d) has been abused.

"School employee" means (a) a teacher, substitute teacher, school administrator, school superintendent, guidance counselor, school counselor, psychologist, social worker, nurse, physician, school paraprofessional or coach employed by the Board or who is working in a Board elementary, middle or high school; or (b) any other person who, in the performance of that person's duties, has regular contact with students and who provides services to or on behalf of students enrolled in the Branford Public Schools ("District"), pursuant to a contract with the Board.

"Sexual assault" means, for the purposes of the mandatory reporting laws and this policy, a violation of Sections 53a-70, 53a-70a, 53a-71, 53a-72a, 53a-72b or 53a-73a of the Connecticut General Statutes. Please see Appendix A of this policy for the relevant statutory definitions of sexual assault laws and related terms covered by the mandatory reporting laws and this policy.

"Statutorily mandated reporter" means an individual required by Conn. Gen. Stat. Section 17a-101 et seq. to report suspected abuse and/or neglect of children or the sexual assault of a student by a school employee. The term "statutorily mandated reporter" includes all school employees, as defined above, any person who is a licensed behavior analyst, and any person who holds or is issued a coaching permit by the State Board of Education, is a coach of intramural or interscholastic athletics, and is eighteen years of age or older.

3. What Must Be Reported

a) A report must be made when any employee of the Board of Education in the ordinary course of such person's employment or profession has reasonable cause to suspect or believe that any child under the age of eighteen years:

i) has been abused or neglected;

ii) has had nonaccidental physical injury, or injury which is at variance with the history given for such injury, inflicted upon the child;

iii) is placed at imminent risk of serious harm; or

b) A report must be made when any employee of the Board of Education in the ordinary course of such person's employment or profession has reasonable cause to suspect or believe that any person, regardless of age, who is being educated by the Technical Education and Career System or a local or regional board of education, other than as part of an adult education program, is a victim of the following sexual assault crimes, and the perpetrator is a school employee:

i) sexual assault in the first degree;

ii) aggravated sexual assault in the first degree;

iii) sexual assault in the second degree;

iv) sexual assault in the third degree;

v) sexual assault in the third degree with a firearm; or

vi) sexual assault in the fourth degree.

Please see Appendix A of this policy for the relevant statutory definitions of sexual assault laws and related terms covered by the mandatory reporting laws and this policy.

c) The suspicion or belief of a Board employee may be based on factors including, but not limited to, observations, allegations, facts or statements by a child or victim, as described above, or a third party. Such suspicion or belief does not require certainty or probable cause.

4. Reporting Procedures for Statutorily Mandated Reporters

The following procedures apply only to statutorily mandated reporters, as defined above.

a) When an employee of the Board of Education who is a statutorily mandated reporter and who, in the ordinary course of the person's employment, has reasonable cause to suspect or believe that a child has been abused or neglected or placed at imminent risk of serious harm, or a student is a victim of sexual assault by a school employee, as described in Paragraph 3, above, the following steps shall be taken.

(1) The employee shall make an oral or electronic report as soon as practicable, but not later than twelve (12) hours after having reasonable cause to suspect or believe that a child has been abused or neglected or placed at imminent risk of serious harm, or a student is a victim of sexual assault by a school employee.

(a) An oral report shall be made by telephone or in person to the Commissioner of the Department of Children and Families ("DCF") or the local law enforcement agency. DCF has established a 24 hour Child Abuse and Neglect Careline at 1-800-842-2288 for the purpose of making such oral reports.

(b) An electronic report shall be made in the manner prescribed by the Commissioner of DCF or Commissioner's designee. An employee making an electronic report shall respond to further inquiries from the Commissioner of DCF or designee made within twenty-four (24) hours. Such employee shall inform the Superintendent or Superintendent's designee as soon as possible as to the nature of the further communication with the Commissioner or Commissioner's designee.

(2) The employee shall also make an oral report as soon as practicable to the Building Principal or Building Principal's designee, and/or the Superintendent or Superintendent's designee. If the Building Principal is the alleged perpetrator of the abuse/neglect or sexual assault of a student, then the employee shall notify the Superintendent or Superintendent's designee directly.

(3) In cases involving suspected or believed abuse, neglect, or sexual assault of a student by a school employee, the Superintendent or Superintendent's designee shall immediately notify the child's parent or guardian that such a report has been made.

(4) Not later than forty-eight (48) hours after making an oral report, the employee shall submit a written or electronic report to the Commissioner of DCF or the Commissioner's designee containing all of the required information. The written or electronic report should be submitted in the manner prescribed by the Commissioner of DCF. When such report is submitted electronically, the employee shall respond to further inquiries from the Commissioner of DCF or Commissioner's designee made within twenty-four (24) hours. Such employee shall inform the Superintendent or Superintendent's designee as soon as possible as to the nature of the further communication with the Commissioner or Commissioner's designee.

(5) The employee shall immediately submit a copy of the written or electronic report to the Building Principal or Building Principal's designee and to the Superintendent or the Superintendent's designee.

(6) If the report concerns suspected abuse, neglect, or sexual assault of a student by a school employee holding a certificate, authorization or permit issued by the State Department of Education, the Commissioner of DCF (or Commissioner of

DCF's designee) shall submit a copy of the written or electronic report to the Commissioner of Education (or Commissioner of Education's designee).

5. Reporting Procedures for Employees Other Than Statutorily Mandated Reporters

The following procedures apply only to employees who are not statutorily mandated reporters, as defined above.

a) When an employee who is not a statutorily mandated reporter and who, in the ordinary course of the person's employment or profession, has reasonable cause to suspect or believe that a child has been abused or neglected or placed at imminent risk of serious harm, or a student is a victim of sexual assault by a school employee, as described in Paragraph 3, above, the following steps shall be taken.

(1) The employee shall make an oral report as soon as practicable, but not later than twelve (12) hours after the employee has reasonable cause to suspect or believe that a child has been abused or neglected or placed at imminent risk of serious harm or a student is a victim of sexual assault by a school employee. Such oral report shall be made by telephone or in person to the Superintendent of Schools or Superintendent's designee, to be followed by an immediate written report to the Superintendent or Superintendent's designee.

(2) If the Superintendent or Superintendent's designee determines that there is reasonable cause to suspect or believe that a child has been abused or neglected or placed at imminent risk of serious harm or a student is a victim of sexual assault by a school employee, the Superintendent or designee shall cause reports to be made in accordance with the procedures set forth for statutorily mandated reporters.

b) Nothing in this policy shall be construed to preclude an employee reporting suspected child abuse, neglect or sexual assault by a school employee from reporting the same directly to the Commissioner of DCF.

6. Contents of Reports

Any report made pursuant to this policy shall contain the following information, if known:

a) The names and addresses of the child* and the child's parents or other person responsible for his/her care;

b) the age of the child;

c) the gender of the child;

d) the nature and extent of the child's injury or injuries, maltreatment or neglect;

e) the approximate date and time the injury or injuries, maltreatment or neglect occurred;

f) information concerning any previous injury or injuries to, or maltreatment or neglect of the child or the child's siblings;

g) the circumstances in which the injury or injuries, maltreatment or neglect came to be known to the reporter;

h) the name of the person or persons suspected to be responsible for causing such injury or injuries, maltreatment or neglect;

i) the reasons such person or persons are suspected of causing such injury or injuries, maltreatment or neglect;

j) any information concerning any prior cases in which such person or persons have been suspected of causing an injury, maltreatment or neglect of a child; and

k) whatever action, if any, was taken to treat, provide shelter or otherwise assist the child.

*For purposes of this Paragraph, the term "child" includes any victim of sexual assault by a school employee, as described in Paragraph 3, above.

7. Investigation of the Report

a) The Superintendent or Superintendent's designee shall thoroughly investigate reports of suspected abuse, neglect or sexual assault if/when such report involves an employee of the Board of Education or other individual under the control of the Board, provided the procedures in subparagraph (b), below are followed. In all other cases, DCF shall be responsible for conducting the investigation with the cooperation and collaboration of the Board, as appropriate.

b) Recognizing that DCF is the lead agency for the investigation of child abuse and neglect reports and reports of a student's sexual assault by school employees, the Superintendent's investigation shall permit and give priority to any investigation conducted by the Commissioner of DCF or the appropriate local law enforcement agency. The Superintendent shall conduct the District's investigation and take any disciplinary action, consistent with state law, upon notice from the Commissioner of DCF or the appropriate local law enforcement agency that the District's investigation will not interfere with the investigation of the Commissioner of DCF or the local law enforcement agency.

c) The Superintendent or designee shall coordinate investigatory activities in order to minimize the number of interviews of any child or student victim of sexual assault and share information with other persons authorized to conduct an investigation of child abuse or neglect or sexual assault,, as appropriate.

d) Any person reporting child abuse or neglect or the sexual assault of a student by a school employee, or having any information relevant to alleged abuse or neglect or of the sexual assault of a student by a school employee, shall provide the Superintendent with all information related to the investigation that is in the possession or control of such person, except as expressly prohibited by state or federal law.

e) When the school district is conducting an investigation involving suspected abuse or neglect or sexual assault of a student by an employee of the Board or other individual under the control of the Board, the Superintendent's investigation shall include an opportunity for the individual suspected of abuse, neglect or sexual assault to be heard with respect to the allegations contained within the report. During the course of such investigation, the Superintendent may suspend a Board employee with pay or may place the employee on administrative leave with pay, pending the outcome of the investigation. If the individual is one who provides services to or on behalf of students enrolled in the District, pursuant to a contract with the Board of Education, the Superintendent may suspend the provision of such services, and direct the individual to refrain from any contact with students enrolled in the District, pending the outcome of the investigation.

8. <u>Evidence of Abuse, Neglect or Sexual Assault by a School Employee</u>

a) If, upon completion of the investigation by the Commissioner of DCF ("Commissioner"), the Superintendent has received a report from the Commissioner that the Commissioner has reasonable cause to believe that (1) a child has been abused or neglected by a school employee, as

defined above, and the Commissioner has recommended that such employee be placed on the DCF Child Abuse and Neglect Registry, or (2) a student is a victim of sexual assault by a school employee, the Superintendent shall request (and the law provides) that DCF notify the Superintendent not later than five (5) working days after such finding, and provide the Superintendent with records, whether or not created by DCF, concerning such investigation. The Superintendent shall suspend such school employee. Such suspension shall be with pay and shall not result in the diminution or termination of benefits to such employee.

b) Not later than seventy-two (72) hours after such suspension, the Superintendent shall notify the Board of Education and the Commissioner of Education, or the Commissioner of Education's representative, of the reasons for and the conditions of the suspension. The Superintendent shall disclose such records to the Commissioner of Education and the Board of Education or its attorney for purposes of review of employment status or the status of such employee's certificate, permit or authorization, if any.

c) The suspension of a school employee employed in a position requiring a certificate shall remain in effect until the Superintendent and/or Board of Education acts pursuant to the provisions of Conn. Gen. Stat. §10-151. If the contract of employment of such certified school employee is terminated, or such certified school employee resigns such employment, the Superintendent shall notify the Commissioner of Education, or the Commissioner of Education's representative, within seventy-two (72) hours after such termination or resignation.

d) The suspension of a school employee employed in a position requiring an authorization or permit shall remain in effect until the Superintendent and/or Board of Education acts pursuant to any applicable termination provisions. If the contract of employment of a school employee holding an authorization or permit from the State Department of Education is terminated, or such school employee resigns such employment, the Superintendent shall notify the Commissioner of Education, or the Commissioner of Education's representative, within seventy-two (72) hours after such termination or resignation.

e) Regardless of the outcome of any investigation by the Commissioner of DCF and/or the police, the Superintendent and/or the Board, as appropriate, may take disciplinary action, up to and including termination of employment, in accordance with the provisions of any applicable statute, if the Superintendent's investigation produces evidence that a child has been abused or neglected by a school employee or that a student has been a victim of sexual assault by a school employee.

f) The District shall not employ a person whose employment contract is terminated or who resigned from employment following a suspension pursuant to Paragraph 8(a) of this policy and Conn. Gen. Stat. § 17a-101i, if such person is convicted of a crime involving an act of child abuse or neglect or an act of sexual assault of a student, as described in Paragraph 2 of this policy.

9. Evidence of Abuse, Neglect or Sexual Assault by an Independent Contractor of the Board of Education

If the investigation by the Superintendent and/or the Commissioner of DCF produces evidence that a child has been abused or neglected, or a student has been sexually assaulted, by any individual who provides services to or on behalf of students enrolled in the District, pursuant to a contract with the Board, the Superintendent shall permanently suspend the provision of such services, and direct the individual to refrain from any contact with students enrolled in the District.

10. Delegation of Authority by Superintendent

The Superintendent may appoint a designee for the purposes of receiving and making reports, notifying and receiving notification, or investigating reports pursuant to this policy.

11. Confidential Rapid Response Team

The Superintendent shall establish a confidential rapid response team to coordinate with DCF to (1) ensure prompt reporting of suspected abuse or neglect or sexual assault of a student by a school employee, as described in Paragraph 2, above, and (2) provide immediate access to information and individuals relevant to the department's investigation. The confidential rapid response team shall consist of a certified staff member and the Superintendent, a local police officer and any other person the Board of Education, acting through its Superintendent, deems appropriate.

12. Disciplinary Action for Failure to Follow Policy

Except as provided in Section 14 below, any employee who fails to comply with the requirements of this policy shall be subject to discipline, up to and including termination of employment.

13. The District shall not hire any person whose employment contract was previously terminated by a board of education or who resigned from such employment, if such person has been convicted of a violation of Section

17a-101a of the Connecticut General Statutes, as amended, relating to mandatory reporting, when an allegation of abuse or neglect or sexual assault has been substantiated.

14. Non-Discrimination Policy/Prohibition Against Retaliation

The Board of Education expressly prohibits retaliation against individuals reporting child abuse or neglect or the sexual assault of a student by a school employee and shall not discharge or in any manner discriminate or retaliate against any employee who, in good faith, makes a report pursuant to this policy, or testifies or is about to testify in any proceeding involving abuse or neglect or sexual assault by a school employee. The Board of Education also prohibits any employee from hindering or preventing or attempting to hinder or prevent any employee from making a report pursuant to this policy or state law concerning suspected child abuse or neglect or the sexual assault of a student by a school employee or testifying in any proceeding involving child abuse or neglect or the sexual assault of a student by a school employee.

15. Distribution of Policy, Guidelines and Posting of Careline Information

This policy shall annually be distributed electronically to all school employees employed by the Board. The Board shall document that all such school employees have received this written policy and completed the training and refresher training programs required by in Section 16, below. Guidelines regarding identifying and reporting child sexual abuse developed by the Governor's task force on justice for abused children shall annually be distributed electronically to all school employees, Board members, and the parents or guardians of students enrolled in the schools under the jurisdiction of the Board. The Board shall post the Internet web site address and telephone number for the DCF Child Abuse and Neglect Careline in a conspicuous location frequented by students in each school under the jurisdiction of the Board.

16. Training

a) All new school employees, as defined above, shall be required to complete an educational training program for the accurate and prompt identification and reporting of child abuse and neglect. Such training program shall be developed and approved by the Commissioner of DCF.

b) All school employees, as defined above, shall take a refresher training course developed and approved by the Commissioner of DCF at least once every three years.

c) The principal for each school shall annually certify to the Superintendent that each school employee, as defined above, working at such school, is

in compliance with the training provisions in this policy and as required by state law. The Superintendent shall certify such compliance to the State Board of Education.

d) Beginning July 1, 2023, all school employees, as defined above, shall complete the (1) training regarding the prevention and identification of, and response to, child sexual abuse and assault; (2) bystander training program; and (3) appropriate interaction with children training program. Each employee must repeat these trainings at least once every three years. Such trainings shall be identified or developed by DCF.

17. Records

a) The Board shall maintain in a central location all records of allegations, investigations, and reports that a child has been abused or neglected by a school employee employed by the Board or that a student has been a victim of sexual assault by a school employee employed by the Board, as defined above, and conducted in accordance with this policy. Such records shall include any reports made to DCF. The State Department of Education shall have access to such records upon request.

b) Notwithstanding the provisions of Conn. Gen. Stat. §10-151c, the Board shall provide the Commissioner of DCF, upon request and for the purposes of an investigation by the Commissioner of DCF of suspected child abuse or neglect by a teacher employed by the Board, any records maintained or kept on file by the Board. Such records shall include, but not be limited to, supervisory records, reports of competence, personal character and efficiency maintained in such teacher's personnel file with reference to evaluation of performance as a professional employee of the Board, and records of the personal misconduct of such teacher. For purposes of this section, "teacher" includes each certified professional employee below the rank of superintendent employed by the Board in a position requiring a certificate issued by the State Board of Education.

18. Child Sexual Abuse and/or Sexual Assault Response Policy and Reporting Procedure

The Board has adopted a uniform child sexual abuse and/or sexual assault response policy and reporting procedure in connection with the implementation of its sexual assault and abuse prevention and awareness program identified or developed by DCF, as outlined in Board Policy *4200P Child Abuse or Neglect Reporting*. Upon receipt of any report of suspected child sexual abuse and/or sexual assault from any source, a school employee is required to report such suspicion to the building principal in addition to complying with the school

employee's obligations under this Policy and the law regarding mandatory reporting of abuse, neglect and sexual assault.

Beginning July 1, 2023, and annually thereafter, information regarding the sexual abuse and assault awareness and prevention program identified or developed by DCF shall be distributed electronically to all school employees, Board members, and the parents or guardians of enrolled students.

Legal References:

Connecticut General Statutes:

Section 10-151	Employment of teachers. Definitions. Tenure. Notice and hearing on failure to renew or termination of contract. Appeal.
Section 10-221s	Posting of Careline telephone number in schools. Investigations of child abuse and neglect. Disciplinary action.
Section 17a-101 et seq.	Protection of children from abuse. Mandated reporters. Educational and training programs. Model mandated reporting policy.
Section 17a-101q	Statewide Sexual Abuse and Assault Awareness and Prevention Program.
Section 17a-103	Reports by others. False reports. Notifications to law enforcement agency.
Section 46b-120	Definitions.
Section 53a-65	Definitions.

Public Act No. 22-87, "An Act Concerning the Identification and Prevention of and Response to Adult Sexual Misconduct Against Children."

Public Act 23-47, "An Act Concerning Various Revisions to the Criminal Law and Criminal Justice Statutes."

ADOPTED: 10-19-2022
REVISED:

Appendix A

RELEVANT EXCERPTS OF STATUTORY DEFINITIONS OF SEXUAL ASSAULT AND RELATED TERMS COVERED BY MANDATORY REPORTING LAWS AND THIS POLICY

An employee of the Board of Education must make a report in accordance with this policy when the employee of the Board of Education in the ordinary course of such person's employment or profession has reasonable cause to suspect or believe that any person, regardless of age, who is being educated by the Technical Education and Career System or a local or regional board of education, other than as part of an adult education program, is a victim of the following sexual assault crimes, and the perpetrator is a school employee. The following are relevant excerpts of the sexual assault laws and related terms covered by mandatory reporting laws and this policy.

Intimate Parts (Conn. Gen. Stat. § 53a-65)

"Intimate parts" means the genital area or any substance emitted therefrom, groin, anus or any substance emitted therefrom, inner thighs, buttocks or breasts.

Sexual Intercourse (Conn. Gen. Stat. § 53a-65)

"Sexual intercourse" means vaginal intercourse, anal intercourse, fellatio or cunnilingus between persons regardless of sex. Penetration, however slight, is sufficient to complete vaginal intercourse, anal intercourse or fellatio and does not require emission of semen. Penetration may be committed by an object manipulated by the actor into the genital or anal opening of the victim's body.

Sexual Contact (Conn. Gen. Stat. § 53a-65)

"Sexual contact" means (A) any contact with the intimate parts of a person for the purpose of sexual gratification of the actor or for the purpose of degrading or humiliating such person or any contact of the intimate parts of the actor with a person for the purpose of sexual gratification of the actor or for the purpose of degrading or humiliating such person , or (B) for the purposes of subdivision (4) of subsection (a) of section 53a-73a, … any contact with the intimate parts of a dead human body, or any contact of the intimate parts of the actor with a dead human body, for the purpose of sexual gratification of the actor.

Sexual Assault in the First Degree (Conn. Gen. Stat. § 53a-70)

A person is guilty of sexual assault in the first degree when such person (1) compels another person to engage in sexual intercourse by the use of force against such other person or a third person, or by the threat of use of force against such other person or against a third person which reasonably causes such person to fear physical injury to

such person or a third person, or (2) engages in sexual intercourse with another person and such other person is under thirteen years of age and the actor is more than two years older than such person, or (3) commits sexual assault in the second degree as provided in section 53a-71 and in the commission of such offense is aided by two or more other persons actually present, or (4) engages in sexual intercourse with another person and such other person is mentally incapacitated to the extent that such other person is unable to consent to such sexual intercourse.

Aggravated Sexual Assault in the First Degree (Conn. Gen. Stat. § 53a-70a)

A person is guilty of aggravated sexual assault in the first degree when such person commits sexual assault in the first degree as provided in section 53a-70 and in the commission of such offense (1) such person uses or is armed with and threatens the use of or displays or represents by such person's words or conduct that such person possesses a deadly weapon, (2) with intent to disfigure the victim seriously and permanently, or to destroy, amputate or disable permanently a member or organ of the victim's body, such person causes such injury to such victim, (3) under circumstances evincing an extreme indifference to human life such person recklessly engages in conduct which creates a risk of death to the victim, and thereby causes serious physical injury to such victim, or (4) such person is aided by two or more other persons actually present. No person shall be convicted of sexual assault in the first degree and aggravated sexual assault in the first degree upon the same transaction but such person may be charged and prosecuted for both such offenses upon the same information.

Sexual Assault in the Second Degree (Conn. Gen. Stat. § 53a-71)

A person is guilty of sexual assault in the second degree when such person engages in sexual intercourse with another person and: (1) Such other person is thirteen years of age or older but under sixteen years of age and the actor is more than three years older than such other person; or (2) such other person is impaired because of mental disability or disease to the extent that such other person is unable to consent to such sexual intercourse; or (3) such other person is physically helpless; or (4) such other person is less than eighteen years old and the actor is such person's guardian or otherwise responsible for the general supervision of such person's welfare; or (5) such other person is in custody of law or detained in a hospital or other institution and the actor has supervisory or disciplinary authority over such other person; or (6) the actor is a psychotherapist and such other person is (A) a patient of the actor and the sexual intercourse occurs during the psychotherapy session, (B) a patient or former patient of the actor and such patient or former patient is emotionally dependent upon the actor, or (C) a patient or former patient of the actor and the sexual intercourse occurs by means of therapeutic deception; or (7) the actor accomplishes the sexual intercourse by means of false representation that the sexual intercourse is for a bona fide medical purpose by a health care professional; or (8) the actor is a school employee and such other person is a student enrolled in a school in which the actor works or a school under the jurisdiction of the local or regional board of education which employs the actor; or (9)

the actor is a coach in an athletic activity or a person who provides intensive, ongoing instruction and such other person is a recipient of coaching or instruction from the actor and (A) is a secondary school student and receives such coaching or instruction in a secondary school setting, or (B) is under eighteen years of age; or (10) the actor is twenty years of age or older and stands in a position of power, authority or supervision over such other person by virtue of the actor's professional, legal, occupational or volunteer status and such other person's participation in a program or activity, and such other person is under eighteen years of age; or (11) such other person is placed or receiving services under the direction of the Commissioner of Developmental Services in any public or private facility or program and the actor has supervisory or disciplinary authority over such other person.

Sexual Assault in the Third Degree (Conn. Gen. Stat. § 53a-72a)

A person is guilty of sexual assault in the third degree when such person (1) compels another person to submit to sexual contact (A) by the use of force against such other person or a third person, or (B) by the threat of use of force against such other person or against a third person, which reasonably causes such other person to fear physical injury to himself or herself or a third person, or (2) subjects another person to sexual contact and such other person is mentally incapacitated or impaired because of mental disability or disease to the extent that such other person is unable to consent to such sexual contact, or (3) engages in sexual intercourse with another person whom the actor knows to be related to him or her within any of the degrees of kindred specified in section 46b-21.

Sexual Assault in the Third Degree with a Firearm (Conn. Gen. Stat. § 53a-72b)
A person is guilty of sexual assault in the third degree with a firearm when such person commits sexual assault in the third degree as provided in section 53a-72a, and in the commission of such offense, such person uses or is armed with and threatens the use of or displays or represents by such person's words or conduct that such person possesses a pistol, revolver, machine gun, rifle, shotgun or other firearm. No person shall be convicted of sexual assault in the third degree and sexual assault in the third degree with a firearm upon the same transaction but such person may be charged and prosecuted for both such offenses upon the same information.

Sexual Assault in the Fourth Degree (Conn. Gen. Stat. § 53a-73a)

A person is guilty of sexual assault in the fourth degree when: (1) Such person subjects another person to sexual contact who is (A) under thirteen years of age and the actor is more than two years older than such other person, or (B) thirteen years of age or older but under fifteen years of age and the actor is more than three years older than such other person, or (C) physically helpless, or (D) less than eighteen years old and the actor is such other person's guardian or otherwise responsible for the general supervision of such other person's welfare, or (E) in custody of law or detained in a hospital or other institution and the actor has supervisory or disciplinary authority over

such other person; or (2) such person subjects another person to sexual contact without such other person's consent; or (3) such person engages in sexual contact with an animal; or (4) such person engages in sexual contact with a dead human body; or (5) such person is a psychotherapist and subjects another person to sexual contact who is (A) a patient of the actor and the sexual contact occurs during the psychotherapy session, or (B) a patient or former patient of the actor and such patient or former patient is emotionally dependent upon the actor, or (C) a patient or former patient of the actor and the sexual contact occurs by means of therapeutic deception; or (6) such person subjects another person to sexual contact and accomplishes the sexual contact by means of false representation that the sexual contact is for a bona fide medical purpose by a health care professional; or (7) such person is a school employee and subjects another person to sexual contact who is a student enrolled in a school in which the actor works or a school under the jurisdiction of the local or regional board of education which employs the actor; or (8) such person is a coach in an athletic activity or a person who provides intensive, ongoing instruction and subjects another person to sexual contact who is a recipient of coaching or instruction from the actor and (A) is a secondary school student and receives such coaching or instruction in a secondary school setting, or (B) is under eighteen years of age; or (9) such person subjects another person to sexual contact and (A) the actor is twenty years of age or older and stands in a position of power, authority or supervision over such other person by virtue of the actor's professional, legal, occupational or volunteer status and such other person's participation in a program or activity, and (B) such other person is under eighteen years of age; or (10) such person subjects another person to sexual contact who is placed or receiving services under the direction of the Commissioner of Developmental Services in any public or private facility or program and the actor has supervisory or disciplinary authority over such other person.

APPENDIX B

Operational Definitions of Child Abuse and Neglect

The purpose of this policy is to provide consistency for staff in defining and identifying operational definitions, evidence of abuse and/or neglect and examples of adverse impact indicators.

The following operational definitions are working definitions and examples of child abuse and neglect as used by the Connecticut DCF.

For the purposes of these operational definitions,

- A person responsible for a child's health, welfare or care means:
    - the child's parent, guardian, or foster parent; an employee of a public or private residential home, agency or institution or other person legally responsible under State law for the child's welfare in a residential setting; or any staff person providing out-of-home care, including center-based child day care, family day care, or group day care.
- A person given access to a child is a person who is permitted to have personal interaction with a child by the person responsible for the child's health, welfare or care or by a person entrusted with the care of a child.
- A person entrusted with the care of a child is a person who is given access to a child by a person responsible for the health, welfare or care of a child for the purpose of providing education, child care, counseling, spiritual guidance, coaching, training, instruction, tutoring or mentoring.
- **Note:** Only a "child" as defined in the policy above may be classified as a victim of child abuse and/or neglect; only a "person responsible," "person given access," or "person entrusted" as defined above may be classified as a perpetrator of child abuse and/or neglect.
    - While only a child under eighteen may be a victim of child abuse or neglect, a report under mandatory reporting laws and this policy is required if an employee of the Board of Education in the ordinary course of such person's employment or profession has reasonable cause to suspect or believe that any person, regardless of age, who is being educated by the Technical Education and Career System or a local or regional board of education, other than as part of an adult education program, is a victim of sexual assault, as set forth in this policy, and the perpetrator is a school employee.

Physical Abuse

A child may be found to have been physically abused who:

has been inflicted with physical injury or injuries other than by accidental means,

is in a condition which is the result of maltreatment such as, but not limited to, malnutrition, sexual molestation, deprivation of necessities, emotional maltreatment or cruel punishment, and/or

has injuries at variance with the history given of them.

Evidence of physical abuse includes, but is not limited to the following:

excessive physical punishment;

bruises, scratches, lacerations;

burns, and/or scalds;

reddening or blistering of the tissue through application of heat by fire, chemical substances, cigarettes, matches, electricity, scalding water, friction, etc.;

injuries to bone, muscle, cartilage, ligaments:
fractures, dislocations, sprains, strains, displacements, hematomas, etc.;

head injuries;

internal injuries;

death;

misuse of medical treatments or therapies;

malnutrition related to acts of commission or omission by an established caregiver resulting in a child's malnourished state that can be supported by professional medical opinion;

deprivation of necessities acts of commission or omission by an established caregiver resulting in physical harm to child; and/or

cruel punishment.

Sexual Abuse/Exploitation Sexual Abuse/Exploitation

Sexual Abuse/Exploitation is any incident involving a child's non-accidental exposure to sexual behavior.

Evidence of sexual abuse includes, but is not limited to the following:

rape;

penetration: digital, penile, or foreign objects;

oral / genital contact;

indecent exposure for the purpose of sexual gratification of the offender, or for purposes of shaming, humiliating, shocking or exerting control over the victim;

incest;

fondling, including kissing, for the purpose of sexual gratification of the offender, or for purposes of shaming, humiliating, shocking or exerting control over the victim;

sexual exploitation, including possession, manufacture, or distribution of child pornography, online enticement of a child for sexual acts, child prostitution, child-sex tourism, unsolicited obscene material sent to a child, or misleading domain name likely to attract a child to an inappropriate website;

coercing or forcing a child to participate in, or be negligently exposed to, pornography and/or sexual behavior;

disease or condition that arises from sexual transmission; and/or

other verbal, written or physical behavior not overtly sexual but likely designed to "groom" a child for future sexual abuse.

Legal References: Federal Law 18 U.S.C. 2251 Sexual Exploitation of Children.

Emotional Maltreatment-Abuse

Emotional Maltreatment-Abuse is an:

act(s), statement(s), or threat(s), which

has had, or is likely to have an adverse impact on the child; and/or

interferes with a child's positive emotional development.

Evidence of emotional maltreatment-abuse includes, but is not limited to, the following:

rejecting;

degrading;

isolating and/or victimizing a child by means of cruel, unusual, or excessive methods of discipline; and/or

exposing the child to brutal or intimidating acts or statements.

Indicators of Adverse Impact of emotional maltreatment-abuse may include, but are not limited to, the following:

depression;

withdrawal;

low self-esteem;

anxiety;

fear;

aggression/ passivity;

emotional instability;

sleep disturbances;

somatic complaints with no medical basis;

inappropriate behavior for age or development;

suicidal ideations or attempts;

extreme dependence;

academic regression; and/or
trust issues.

Physical Neglect

A child may be found neglected who:

has been abandoned;

is being denied proper care and attention physically, educationally, emotionally, or morally;

is being permitted to live under conditions, circumstances or associations injurious

to the child's well-being; and/or

has been abused.

Evidence of physical neglect includes, but is not limited to:

inadequate food;

malnutrition;

inadequate clothing;

inadequate housing or shelter;

erratic, deviant, or impaired behavior by the person responsible for the child's health, welfare or care; by a person given access to the child; or by a person entrusted with the child's care which adversely impacts the child;

permitting the child to live under conditions, circumstances or associations injurious to the child's well-being including, but not limited to, the following:

substance abuse by caregiver, which adversely impacts the child physically;

substance abuse by the mother of a newborn child and the newborn has a positive urine or meconium toxicology for drugs;

psychiatric problem of the caregiver which adversely impacts the child physically;

exposure to family violence which adversely impacts the child physically; exposure to violent events, situations, or persons that would be reasonably judged to compromise a child's physical safety;

non-accidental, negligent exposure to drug trafficking and/or individuals engaged in the active abuse of illegal substances;
voluntarily and knowingly entrusting the care of a child to individuals who may be disqualified to provide safe care, *e.g.,* persons who are subject to active protective or restraining orders; persons with past history of violent/drug/sex crimes; persons appearing on the Central Registry;
non-accidental or negligent exposure to pornography or sexual acts;
inability to consistently provide the minimum of child-caring tasks;
inability to provide or maintain a safe living environment;

action/inaction resulting in death;

abandonment;

action/inaction resulting in the child's failure to thrive;

transience;

inadequate supervision:
creating or allowing a circumstance in which a child is alone for an excessive period of time given the child's age and cognitive abilities;

holding the child responsible for the care of siblings or others beyond the child's ability; and/or

failure to provide reasonable and proper supervision of a child given the child's age and cognitive abilities.

Note:

- Inadequate food, clothing, or shelter or transience finding must be related to caregiver acts of omission or commission and not simply a function of poverty alone.

- Whether or not the adverse impact has to be demonstrated is a function of the child's age, cognitive abilities, verbal ability and developmental level.

- The presence of legal or illegal substances in the bodily fluids of (1) a parent or legal guardian or (2) a pregnant person shall not form the sole or primary basis for any action or proceeding by the Department. Any action or proceeding by the Department must be based on harm or risk of harm to a child and the parent or guardian's ability to provide appropriate care for the child.

- Adverse impact may not be required if the action/inaction is a single incident that demonstrates a serious disregard for the child's welfare.

Medical Neglect

Medical Neglect is the unreasonable delay, refusal or failure on the part of the person responsible for the child's health, welfare or care or the person entrusted with the child's care to seek, obtain, and/or maintain those services for necessary medical, dental or mental health care when such person knows, or should reasonably be expected to know, that such actions may have an adverse impact on the child.

Evidence of medical neglect includes, but is not limited to:

frequently missed appointments, therapies or other necessary medical and/or mental health treatments;

withholding or failing to obtain or maintain medically necessary treatment from a child with life-threatening, acute or chronic medical or mental health conditions; and/or

withholding medically indicated treatment from disabled infants with life-threatening conditions.

Note: Failure to provide the child with immunizations or routine well-child care in and of itself does not constitute medical neglect.

Educational Neglect

Except as noted below, **Educational Neglect** occurs when a school-aged child has excessive absences from school through the intent or neglect of the parent or caregiver.

Definition of School-Aged Child: Except as noted below, a school-aged child is a child five years of age and older and under 18 years of age who is not a high school graduate. **Note:** Excessive absenteeism and school avoidance may be presenting symptoms of a failure to meet the physical, emotional or medical needs of a child. Careline staff shall consider these potential additional allegations at the time of referral.

Criteria:

- **For children school-aged to age 12, excessive absenteeism** may be indicative of the parent's or caregiver's failure to meet the educational needs of a student.
- **For children older than age 12, excessive absenteeism**, coupled with a failure by the parent or caregiver to engage in efforts to improve the child's attendance, may be indicative of educational neglect.

- For children older than age 12, excessive absenteeism through the child's own intent, despite the parent's or caregiver's efforts, is not educational neglect. Rather, this is truancy, which is handled through the school district.

Child's Characteristics. In determining the criteria for excessive absenteeism, the following characteristics of the child shall be considered by the social worker:

- Age;
- Health;
- Level of functioning;
- Academic standing; and
- Dependency on parent or caregiver

Parent or Caregiver's Characteristics. In determining the criteria for excessive absenteeism, the following characteristics of the parent or caregiver shall be considered by the social worker:

- Rationale provided for the absences;
- Efforts to communicate and engage with the educational provider; and
- Failure to enroll a school-aged child in appropriate educational programming (including homeschooling)

Exceptions (in accordance with Conn. Gen. Stat. § 10-184):

1. A parent or person having control of a child may exercise the option of not sending the child to school at age five (5) or age six (6) years by personally appearing at the school district office and signing an option form. In these cases, educational neglect occurs if the parent or person having control of the child has registered the child at age five (5) or age (6) years and then does not allow the child to attend school or receive home instruction.

2. A parent or person having control of a child seventeen (17) years of age may consent to such child's withdrawal from school. Such parent or person shall personally appear at the school district office and sign a withdrawal form.

Note: Failure to sign a registration option form for such child is not in and of itself educational neglect.

Emotional Neglect

Emotional Neglect is the denial of proper care and attention, or failure to respond, to a child's affective needs by the person responsible for the child's health, welfare or care; by the person given access to the child; or by the person entrusted with the child's care

which has an adverse impact on the child or seriously interferes with a child's positive emotional development.

Note: Whether or not the adverse impact has to be demonstrated is a function of the child's age, cognitive abilities, verbal ability and developmental level. Adverse impact is not required if the action/inaction is a single incident which demonstrates a serious disregard for the child's welfare.

Note: The adverse impact may result from a single event and/or from a consistent pattern of behavior and may be currently observed or predicted as supported by evidence-based practice.

Evidence of emotional neglect includes, but is not limited to, the following:

inappropriate expectations of the child given the child's developmental level;

failure to provide the child with appropriate support, attention and affection;

permitting the child to live under conditions, circumstances or associations;

injurious to the child's well-being including, but not limited to, the following:

substance abuse by caregiver, which adversely impacts the child emotionally;

psychiatric problem of the caregiver, which adversely impacts the child emotionally; and/or

exposure to family violence which adversely impacts the child emotionally.

Indicators may include, but are not limited to, the following:

depression;

withdrawal;

low self-esteem;

anxiety;

fear;

aggression/ passivity;

emotional instability;

sleep disturbances;

somatic complaints with no medical basis;

inappropriate behavior for age or development;

suicidal ideations or attempts;

extreme dependence;

academic regression; and/or

trust issues.

Moral Neglect

Moral Neglect: Exposing, allowing, or encouraging the child to engage in illegal or reprehensible activities by the person responsible for the child's health, welfare or care or person given access or person entrusted with the child's care.

Evidence of Moral Neglect includes but is not limited to:

stealing;

using drugs and/or alcohol; and/or

involving a child in the commission of a crime, directly or by caregiver indifference.

Appendix C

INDICATORS OF POSSIBLE CHILD ABUSE AND NEGLECT

Indicators of Physical Abuse

HISTORICAL

Delay in seeking appropriate care after injury

No witnesses

Inconsistent or changing descriptions of accident by child and/or parent

Child's developmental level inconsistent with history

History of prior "accidents"

Absence of parental concern

Child is handicapped (physically, mentally, developmentally) or otherwise perceived as "different" by parent

Unexplained school absenteeism

History of precipitating crisis

PHYSICAL

Soft tissue injuries on face, lips, mouth, back, buttocks, thighs or large areas of the torso

Clusters of skin lesions; regular patterns consistent with an implement

Shape of lesions inconsistent with accidental bruise

Bruises/welts in various stages of healing

Burn pattern consistent with an implement on soles, palms, back, buttocks and genitalia; symmetrical and/or sharply demarcated edges

Fractures/dislocations inconsistent with history

Laceration of mouth, lips, gums or eyes

Bald patches on scalp

Abdominal swelling or vomiting

Adult-size human bite mark(s)

Fading cutaneous lesions noted after weekends or absences

Rope marks

BEHAVIORAL

Wary of physical contact with adults

Affection inappropriate for age

Extremes in behavior, aggressiveness/withdrawal

Expresses fear of parents

Reports injury by parent

Reluctance to go home

Feels responsible (punishment "deserved")

Poor self-esteem

Clothing covers arms and legs even in hot weather

Indicators of Sexual Abuse

HISTORICAL

Vague somatic complaint

Excessive school absences

Inadequate supervision at home

History of urinary tract infection or vaginitis

Complaint of pain; genital, anal or lower back/abdominal

Complaint of genital itching

Any disclosure of sexual activity, even if contradictory

PHYSICAL

Discomfort in walking, sitting

Evidence of trauma or lesions in and around mouth

Vaginal discharge/vaginitis

Vaginal or rectal bleeding

Bruises, swelling or lacerations around genitalia, inner thighs

Dysuria

Vulvitis

Any other signs or symptoms of sexually transmitted disease

Pregnancy

BEHAVIORAL

Low self-esteem

Change in eating pattern

Unusual new fears

Regressive behaviors

Personality changes (hostile/aggressive or extreme compliance)

Depression

Decline in school achievement

Social withdrawal or poor peer relationships

Indicates sophisticated or unusual sexual knowledge for age

Seductive behavior, promiscuity or prostitution

Substance abuse

Suicide ideation or attempt

Runaway

Indicators of Emotional Abuse

HISTORICAL

Parent ignores/isolates/belittles/rejects/scapegoats child

Parent's expectations inappropriate to child's development

Prior episode(s) of physical abuse

Parent perceives child as "different"

PHYSICAL

(Frequently none)

Failure to thrive

Speech disorder

Lag in physical development

Signs/symptoms of physical abuse

BEHAVIORAL

Poor self-esteem

Regressive behavior (sucking, rocking, enuresis)

Sleep disorders

Adult behaviors (parenting sibling)

Antisocial behavior

Emotional or cognitive developmental delay

Extremes in behavior - overly aggressive/compliant

Depression

Suicide ideation/attempt

Indicators of Physical Neglect

HISTORICAL

High rate of school absenteeism

Frequent visits to school nurse with nonspecific complaints

Inadequate supervision, especially for long periods and for dangerous activities

Child frequently unattended; locked out of house

Parental inattention to recommended medical care

No food intake for 24 hours

Home substandard (no windows, doors, heat), dirty, infested, obvious hazards

Family member addicted to drugs/alcohol

PHYSICAL

Hunger, dehydration

Poor personal hygiene, unkempt, dirty

Dental cavities/poor oral hygiene

Inappropriate clothing for weather/size of child, clothing dirty; wears same clothes day after day

Constant fatigue or listlessness

Unattended physical or health care needs

Infestations

Multiple skin lesions/sores from infection

BEHAVIORAL

Comes to school early, leaves late

Frequent sleeping in class

Begging for/stealing food

Adult behavior/maturity (parenting siblings)

Delinquent behaviors

Drug/alcohol use/abuse

Personnel **4200 P**

REPORTS OF SUSPECTED ABUSE OR NEGLECT OF CHILDREN OR REPORTS OF SEXUAL ASSAULT OF STUDENTS BY SCHOOL EMPLOYEES

Conn. Gen. Stat. Section 17a-101 et seq. requires school employees who have reasonable cause to suspect or believe (1) that any child under eighteen has been abused or neglected, has had a nonaccidental physical injury, or injury which is at variance with the history given of such injury, or has been placed at imminent risk of serious harm, or (2) that any person who is being educated by the Technical Education and Career System or a local or regional board of education, other than as part of an adult education program, is a victim of sexual assault, and the perpetrator is a school employee, to report such suspicions to the appropriate authority. In furtherance of this statute and its purpose, it is the policy of the Branford Board of Education ("Board") to require ALL EMPLOYEES of the Board of Education to report suspected abuse and/or neglect, nonaccidental physical injury, imminent risk of serious harm, or sexual assault of a student by a school employee, in accordance with the procedures set forth below.

1. Scope of Policy

   This policy applies not only to school employees who are required by law to report suspected child abuse and/or neglect, nonaccidental physical injury, imminent risk of serious harm, or sexual assault of a student by a school employee, but to ALL EMPLOYEES of the Board of Education.

2. Definitions

   For the purposes of this policy:

   "Abused" means that a child (a) has had physical injury or injuries inflicted upon the child other than by accidental means, or (b) has injuries which are at variance with the history given of them, or (c) is in a condition which is the result of maltreatment, such as, but not limited to, malnutrition, sexual molestation or exploitation, deprivation of necessities, emotional maltreatment or cruel punishment.

   "Neglected" means that a child (a) has been abandoned, or (b) is being denied proper care and attention, physically, educationally, emotionally or morally, or (c) is being permitted to live under conditions, circumstances or associations injurious to the child's well-being, or (d) has been abused.

"School employee" means (a) a teacher, substitute teacher, school administrator, school superintendent, guidance counselor, school counselor, psychologist, social worker, nurse, physician, school paraprofessional or coach employed by the Board or who is working in a Board elementary, middle or high school; or (b) any other person who, in the performance of that person's duties, has regular contact with students and who provides services to or on behalf of students enrolled in the Branford Public Schools ("District"), pursuant to a contract with the Board.

"Sexual assault" means, for the purposes of the mandatory reporting laws and this policy, a violation of Sections 53a-70, 53a-70a, 53a-71, 53a-72a, 53a-72b or 53a-73a of the Connecticut General Statutes. Please see Appendix A of this policy for the relevant statutory definitions of sexual assault laws and related terms covered by the mandatory reporting laws and this policy.

"Statutorily mandated reporter" means an individual required by Conn. Gen. Stat. Section 17a-101 et seq. to report suspected abuse and/or neglect of children or the sexual assault of a student by a school employee. The term "statutorily mandated reporter" includes all school employees, as defined above, any person who is a licensed behavior analyst, and any person who holds or is issued a coaching permit by the State Board of Education, is a coach of intramural or interscholastic athletics, and is eighteen years of age or older.

3. What Must Be Reported

a) A report must be made when any employee of the Board of Education in the ordinary course of such person's employment or profession has reasonable cause to suspect or believe that any child under the age of eighteen years:

i) has been abused or neglected;

ii) has had nonaccidental physical injury, or injury which is at variance with the history given for such injury, inflicted upon the child;

iii) is placed at imminent risk of serious harm; or

b) A report must be made when any employee of the Board of Education in the ordinary course of such person's employment or profession has reasonable cause to suspect or believe that any person, regardless of age, who is being educated by the Technical Education and Career System or a local or regional board of education, other than as part of an adult education program, is a victim of the following sexual assault crimes, and the perpetrator is a school employee:

i) sexual assault in the first degree;

ii) aggravated sexual assault in the first degree;

iii) sexual assault in the second degree;

iv) sexual assault in the third degree;

v) sexual assault in the third degree with a firearm; or

vi) sexual assault in the fourth degree.

Please see Appendix A of this policy for the relevant statutory definitions of sexual assault laws and related terms covered by the mandatory reporting laws and this policy.

c) The suspicion or belief of a Board employee may be based on factors including, but not limited to, observations, allegations, facts or statements by a child or victim, as described above, or a third party. Such suspicion or belief does not require certainty or probable cause.

4. Reporting Procedures for Statutorily Mandated Reporters

The following procedures apply only to statutorily mandated reporters, as defined above.

a) When an employee of the Board of Education who is a statutorily mandated reporter and who, in the ordinary course of the person's employment, has reasonable cause to suspect or believe that a child has been abused or neglected or placed at imminent risk of serious harm, or a student is a victim of sexual assault by a school employee, as described in Paragraph 3, above, the following steps shall be taken.

(1) The employee shall make an oral or electronic report as soon as practicable, but not later than twelve (12) hours after having reasonable cause to suspect or believe that a child has been abused or neglected or placed at imminent risk of serious harm, or a student is a victim of sexual assault by a school employee.

(a) An oral report shall be made by telephone or in person to the Commissioner of the Department of Children and Families ("DCF") or the local law enforcement agency. DCF has established a 24 hour Child Abuse and Neglect Careline at 1-800-842-2288 for the purpose of making such oral reports.

(b) An electronic report shall be made in the manner prescribed by the Commissioner of DCF or Commissioner's designee. An employee making an electronic report shall respond to further inquiries from the Commissioner of DCF or designee made within twenty-four (24) hours. Such employee shall inform the Superintendent or Superintendent's designee as soon as possible as to the nature of the further communication with the Commissioner or Commissioner's designee.

(2) The employee shall also make an oral report as soon as practicable to the Building Principal or Building Principal's designee, and/or the Superintendent or Superintendent's designee. If the Building Principal is the alleged perpetrator of the abuse/neglect or sexual assault of a student, then the employee shall notify the Superintendent or Superintendent's designee directly.

(3) In cases involving suspected or believed abuse, neglect, or sexual assault of a student by a school employee, the Superintendent or Superintendent's designee shall immediately notify the child's parent or guardian that such a report has been made.

(4) Not later than forty-eight (48) hours after making an oral report, the employee shall submit a written or electronic report to the Commissioner of DCF or the Commissioner's designee containing all of the required information. The written or electronic report should be submitted in the manner prescribed by the Commissioner of DCF. When such report is submitted electronically, the employee shall respond to further inquiries from the Commissioner of DCF or Commissioner's designee made within twenty-four (24) hours. Such employee shall inform the Superintendent or Superintendent's designee as soon as possible as to the nature of the further communication with the Commissioner or Commissioner's designee.

(5) The employee shall immediately submit a copy of the written or electronic report to the Building Principal or Building Principal's designee and to the Superintendent or the Superintendent's designee.

(6) If the report concerns suspected abuse, neglect, or sexual assault of a student by a school employee holding a certificate, authorization or permit issued by the State Department of Education, the Commissioner of DCF (or Commissioner of

DCF's designee) shall submit a copy of the written or electronic report to the Commissioner of Education (or Commissioner of Education's designee).

5. Reporting Procedures for Employees Other Than Statutorily Mandated Reporters

The following procedures apply only to employees who are not statutorily mandated reporters, as defined above.

a) When an employee who is not a statutorily mandated reporter and who, in the ordinary course of the person's employment or profession, has reasonable cause to suspect or believe that a child has been abused or neglected or placed at imminent risk of serious harm, or a student is a victim of sexual assault by a school employee, as described in Paragraph 3, above, the following steps shall be taken.

(1) The employee shall make an oral report as soon as practicable, but not later than twelve (12) hours after the employee has reasonable cause to suspect or believe that a child has been abused or neglected or placed at imminent risk of serious harm or a student is a victim of sexual assault by a school employee. Such oral report shall be made by telephone or in person to the Superintendent of Schools or Superintendent's designee, to be followed by an immediate written report to the Superintendent or Superintendent's designee.

(2) If the Superintendent or Superintendent's designee determines that there is reasonable cause to suspect or believe that a child has been abused or neglected or placed at imminent risk of serious harm or a student is a victim of sexual assault by a school employee, the Superintendent or designee shall cause reports to be made in accordance with the procedures set forth for statutorily mandated reporters.

b) Nothing in this policy shall be construed to preclude an employee reporting suspected child abuse, neglect or sexual assault by a school employee from reporting the same directly to the Commissioner of DCF.

6. Contents of Reports

Any report made pursuant to this policy shall contain the following information, if known:

a) The names and addresses of the child* and the child's parents or other person responsible for his/her care;

b) the age of the child;

c) the gender of the child;

d) the nature and extent of the child's injury or injuries, maltreatment or neglect;

e) the approximate date and time the injury or injuries, maltreatment or neglect occurred;

f) information concerning any previous injury or injuries to, or maltreatment or neglect of the child or the child's siblings;

g) the circumstances in which the injury or injuries, maltreatment or neglect came to be known to the reporter;

h) the name of the person or persons suspected to be responsible for causing such injury or injuries, maltreatment or neglect;

i) the reasons such person or persons are suspected of causing such injury or injuries, maltreatment or neglect;

j) any information concerning any prior cases in which such person or persons have been suspected of causing an injury, maltreatment or neglect of a child; and

k) whatever action, if any, was taken to treat, provide shelter or otherwise assist the child.

*For purposes of this Paragraph, the term "child" includes any victim of sexual assault by a school employee, as described in Paragraph 3, above.

7. Investigation of the Report

a) The Superintendent or Superintendent's designee shall thoroughly investigate reports of suspected abuse, neglect or sexual assault if/when such report involves an employee of the Board of Education or other individual under the control of the Board, provided the procedures in subparagraph (b), below are followed. In all other cases, DCF shall be responsible for conducting the investigation with the cooperation and collaboration of the Board, as appropriate.

b) Recognizing that DCF is the lead agency for the investigation of child abuse and neglect reports and reports of a student's sexual assault by school employees, the Superintendent's investigation shall permit and give priority to any investigation conducted by the Commissioner of DCF or the appropriate local law enforcement agency. The Superintendent shall conduct the District's investigation and take any disciplinary action, consistent with state law, upon notice from the Commissioner of DCF or the appropriate local law enforcement agency that the District's investigation will not interfere with the investigation of the Commissioner of DCF or the local law enforcement agency.

c) The Superintendent or designee shall coordinate investigatory activities in order to minimize the number of interviews of any child or student victim of sexual assault and share information with other persons authorized to conduct an investigation of child abuse or neglect or sexual assault,, as appropriate.

d) Any person reporting child abuse or neglect or the sexual assault of a student by a school employee, or having any information relevant to alleged abuse or neglect or of the sexual assault of a student by a school employee, shall provide the Superintendent with all information related to the investigation that is in the possession or control of such person, except as expressly prohibited by state or federal law.

e) When the school district is conducting an investigation involving suspected abuse or neglect or sexual assault of a student by an employee of the Board or other individual under the control of the Board, the Superintendent's investigation shall include an opportunity for the individual suspected of abuse, neglect or sexual assault to be heard with respect to the allegations contained within the report. During the course of such investigation, the Superintendent may suspend a Board employee with pay or may place the employee on administrative leave with pay, pending the outcome of the investigation. If the individual is one who provides services to or on behalf of students enrolled in the District, pursuant to a contract with the Board of Education, the Superintendent may suspend the provision of such services, and direct the individual to refrain from any contact with students enrolled in the District, pending the outcome of the investigation.

8. Evidence of Abuse, Neglect or Sexual Assault by a School Employee

a) If, upon completion of the investigation by the Commissioner of DCF ("Commissioner"), the Superintendent has received a report from the Commissioner that the Commissioner has reasonable cause to believe that (1) a child has been abused or neglected by a school employee, as

defined above, and the Commissioner has recommended that such employee be placed on the DCF Child Abuse and Neglect Registry, or (2) a student is a victim of sexual assault by a school employee, the Superintendent shall request (and the law provides) that DCF notify the Superintendent not later than five (5) working days after such finding, and provide the Superintendent with records, whether or not created by DCF, concerning such investigation. The Superintendent shall suspend such school employee. Such suspension shall be with pay and shall not result in the diminution or termination of benefits to such employee.

b) Not later than seventy-two (72) hours after such suspension, the Superintendent shall notify the Board of Education and the Commissioner of Education, or the Commissioner of Education's representative, of the reasons for and the conditions of the suspension. The Superintendent shall disclose such records to the Commissioner of Education and the Board of Education or its attorney for purposes of review of employment status or the status of such employee's certificate, permit or authorization, if any.

c) The suspension of a school employee employed in a position requiring a certificate shall remain in effect until the Superintendent and/or Board of Education acts pursuant to the provisions of Conn. Gen. Stat. §10-151. If the contract of employment of such certified school employee is terminated, or such certified school employee resigns such employment, the Superintendent shall notify the Commissioner of Education, or the Commissioner of Education's representative, within seventy-two (72) hours after such termination or resignation.

d) The suspension of a school employee employed in a position requiring an authorization or permit shall remain in effect until the Superintendent and/or Board of Education acts pursuant to any applicable termination provisions. If the contract of employment of a school employee holding an authorization or permit from the State Department of Education is terminated, or such school employee resigns such employment, the Superintendent shall notify the Commissioner of Education, or the Commissioner of Education's representative, within seventy-two (72) hours after such termination or resignation.

e) Regardless of the outcome of any investigation by the Commissioner of DCF and/or the police, the Superintendent and/or the Board, as appropriate, may take disciplinary action, up to and including termination of employment, in accordance with the provisions of any applicable statute, if the Superintendent's investigation produces evidence that a child has been abused or neglected by a school employee or that a student has been a victim of sexual assault by a school employee.

f) The District shall not employ a person whose employment contract is terminated or who resigned from employment following a suspension pursuant to Paragraph 8(a) of this policy and Conn. Gen. Stat. § 17a-101i, if such person is convicted of a crime involving an act of child abuse or neglect or an act of sexual assault of a student, as described in Paragraph 2 of this policy.

9. Evidence of Abuse, Neglect or Sexual Assault by an Independent Contractor of the Board of Education

If the investigation by the Superintendent and/or the Commissioner of DCF produces evidence that a child has been abused or neglected, or a student has been sexually assaulted, by any individual who provides services to or on behalf of students enrolled in the District, pursuant to a contract with the Board, the Superintendent shall permanently suspend the provision of such services, and direct the individual to refrain from any contact with students enrolled in the District.

10. Delegation of Authority by Superintendent

The Superintendent may appoint a designee for the purposes of receiving and making reports, notifying and receiving notification, or investigating reports pursuant to this policy.

11. Confidential Rapid Response Team

The Superintendent shall establish a confidential rapid response team to coordinate with DCF to (1) ensure prompt reporting of suspected abuse or neglect or sexual assault of a student by a school employee, as described in Paragraph 2, above, and (2) provide immediate access to information and individuals relevant to the department's investigation. The confidential rapid response team shall consist of a certified staff member and the Superintendent, a local police officer and any other person the Board of Education, acting through its Superintendent, deems appropriate.

12. Disciplinary Action for Failure to Follow Policy

Except as provided in Section 14 below, any employee who fails to comply with the requirements of this policy shall be subject to discipline, up to and including termination of employment.

13. The District shall not hire any person whose employment contract was previously terminated by a board of education or who resigned from such employment, if such person has been convicted of a violation of Section

17a-101a of the Connecticut General Statutes, as amended, relating to mandatory reporting, when an allegation of abuse or neglect or sexual assault has been substantiated.

14. Non-Discrimination Policy/Prohibition Against Retaliation

The Board of Education expressly prohibits retaliation against individuals reporting child abuse or neglect or the sexual assault of a student by a school employee and shall not discharge or in any manner discriminate or retaliate against any employee who, in good faith, makes a report pursuant to this policy, or testifies or is about to testify in any proceeding involving abuse or neglect or sexual assault by a school employee. The Board of Education also prohibits any employee from hindering or preventing or attempting to hinder or prevent any employee from making a report pursuant to this policy or state law concerning suspected child abuse or neglect or the sexual assault of a student by a school employee or testifying in any proceeding involving child abuse or neglect or the sexual assault of a student by a school employee.

15. Distribution of Policy, Guidelines and Posting of Careline Information

This policy shall annually be distributed electronically to all school employees employed by the Board. The Board shall document that all such school employees have received this written policy and completed the training and refresher training programs required by in Section 16, below. Guidelines regarding identifying and reporting child sexual abuse developed by the Governor's task force on justice for abused children shall annually be distributed electronically to all school employees, Board members, and the parents or guardians of students enrolled in the schools under the jurisdiction of the Board. The Board shall post the Internet web site address and telephone number for the DCF Child Abuse and Neglect Careline in a conspicuous location frequented by students in each school under the jurisdiction of the Board.

16. Training

a) All new school employees, as defined above, shall be required to complete an educational training program for the accurate and prompt identification and reporting of child abuse and neglect. Such training program shall be developed and approved by the Commissioner of DCF.

b) All school employees, as defined above, shall take a refresher training course developed and approved by the Commissioner of DCF at least once every three years.

c) The principal for each school shall annually certify to the Superintendent that each school employee, as defined above, working at such school, is

in compliance with the training provisions in this policy and as required by state law. The Superintendent shall certify such compliance to the State Board of Education.

d) Beginning July 1, 2023, all school employees, as defined above, shall complete the (1) training regarding the prevention and identification of, and response to, child sexual abuse and assault; (2) bystander training program; and (3) appropriate interaction with children training program. Each employee must repeat these trainings at least once every three years. Such trainings shall be identified or developed by DCF.

17. Records

a) The Board shall maintain in a central location all records of allegations, investigations, and reports that a child has been abused or neglected by a school employee employed by the Board or that a student has been a victim of sexual assault by a school employee employed by the Board, as defined above, and conducted in accordance with this policy. Such records shall include any reports made to DCF. The State Department of Education shall have access to such records upon request.

b) Notwithstanding the provisions of Conn. Gen. Stat. §10-151c, the Board shall provide the Commissioner of DCF, upon request and for the purposes of an investigation by the Commissioner of DCF of suspected child abuse or neglect by a teacher employed by the Board, any records maintained or kept on file by the Board. Such records shall include, but not be limited to, supervisory records, reports of competence, personal character and efficiency maintained in such teacher's personnel file with reference to evaluation of performance as a professional employee of the Board, and records of the personal misconduct of such teacher. For purposes of this section, "teacher" includes each certified professional employee below the rank of superintendent employed by the Board in a position requiring a certificate issued by the State Board of Education.

18. Child Sexual Abuse and/or Sexual Assault Response Policy and Reporting Procedure

The Board has adopted a uniform child sexual abuse and/or sexual assault response policy and reporting procedure in connection with the implementation of its sexual assault and abuse prevention and awareness program identified or developed by DCF, as outlined in Board Policy *4200P Child Abuse or Neglect Reporting*. Upon receipt of any report of suspected child sexual abuse and/or sexual assault from any source, a school employee is required to report such suspicion to the building principal in addition to complying with the school

employee's obligations under this Policy and the law regarding mandatory reporting of abuse, neglect and sexual assault.

Beginning July 1, 2023, and annually thereafter, information regarding the sexual abuse and assault awareness and prevention program identified or developed by DCF shall be distributed electronically to all school employees, Board members, and the parents or guardians of enrolled students.

Legal References:

Connecticut General Statutes:

Section 10-151	Employment of teachers. Definitions. Tenure. Notice and hearing on failure to renew or termination of contract. Appeal.
Section 10-221s	Posting of Careline telephone number in schools. Investigations of child abuse and neglect. Disciplinary action.
Section 17a-101 et seq.	Protection of children from abuse. Mandated reporters. Educational and training programs. Model mandated reporting policy.
Section 17a-101q	Statewide Sexual Abuse and Assault Awareness and Prevention Program.
Section 17a-103	Reports by others. False reports. Notifications to law enforcement agency.
Section 46b-120	Definitions.
Section 53a-65	Definitions.

Public Act No. 22-87, "An Act Concerning the Identification and Prevention of and Response to Adult Sexual Misconduct Against Children."

Public Act 23-47, "An Act Concerning Various Revisions to the Criminal Law and Criminal Justice Statutes."

ADOPTED: 10-19-2022

REVISED:

Appendix A

RELEVANT EXCERPTS OF STATUTORY DEFINITIONS OF SEXUAL ASSAULT AND RELATED TERMS COVERED BY MANDATORY REPORTING LAWS AND THIS POLICY

An employee of the Board of Education must make a report in accordance with this policy when the employee of the Board of Education in the ordinary course of such person's employment or profession has reasonable cause to suspect or believe that any person, regardless of age, who is being educated by the Technical Education and Career System or a local or regional board of education, other than as part of an adult education program, is a victim of the following sexual assault crimes, and the perpetrator is a school employee. The following are relevant excerpts of the sexual assault laws and related terms covered by mandatory reporting laws and this policy.

Intimate Parts (Conn. Gen. Stat. § 53a-65)

"Intimate parts" means the genital area or any substance emitted therefrom, groin, anus or any substance emitted therefrom, inner thighs, buttocks or breasts.

Sexual Intercourse (Conn. Gen. Stat. § 53a-65)

"Sexual intercourse" means vaginal intercourse, anal intercourse, fellatio or cunnilingus between persons regardless of sex. Penetration, however slight, is sufficient to complete vaginal intercourse, anal intercourse or fellatio and does not require emission of semen. Penetration may be committed by an object manipulated by the actor into the genital or anal opening of the victim's body.

Sexual Contact (Conn. Gen. Stat. § 53a-65)

"Sexual contact" means (A) any contact with the intimate parts of a person for the purpose of sexual gratification of the actor or for the purpose of degrading or humiliating such person or any contact of the intimate parts of the actor with a person for the purpose of sexual gratification of the actor or for the purpose of degrading or humiliating such person, or (B) for the purposes of subdivision (4) of subsection (a) of section 53a-73a, … any contact with the intimate parts of a dead human body, or any contact of the intimate parts of the actor with a dead human body, for the purpose of sexual gratification of the actor.

Sexual Assault in the First Degree (Conn. Gen. Stat. § 53a-70)

A person is guilty of sexual assault in the first degree when such person (1) compels another person to engage in sexual intercourse by the use of force against such other person or a third person, or by the threat of use of force against such other person or against a third person which reasonably causes such person to fear physical injury to

such person or a third person, or (2) engages in sexual intercourse with another person and such other person is under thirteen years of age and the actor is more than two years older than such person, or (3) commits sexual assault in the second degree as provided in section 53a-71 and in the commission of such offense is aided by two or more other persons actually present, or (4) engages in sexual intercourse with another person and such other person is mentally incapacitated to the extent that such other person is unable to consent to such sexual intercourse.

Aggravated Sexual Assault in the First Degree (Conn. Gen. Stat. § 53a-70a)

A person is guilty of aggravated sexual assault in the first degree when such person commits sexual assault in the first degree as provided in section 53a-70 and in the commission of such offense (1) such person uses or is armed with and threatens the use of or displays or represents by such person's words or conduct that such person possesses a deadly weapon, (2) with intent to disfigure the victim seriously and permanently, or to destroy, amputate or disable permanently a member or organ of the victim's body, such person causes such injury to such victim, (3) under circumstances evincing an extreme indifference to human life such person recklessly engages in conduct which creates a risk of death to the victim, and thereby causes serious physical injury to such victim, or (4) such person is aided by two or more other persons actually present. No person shall be convicted of sexual assault in the first degree and aggravated sexual assault in the first degree upon the same transaction but such person may be charged and prosecuted for both such offenses upon the same information.

Sexual Assault in the Second Degree (Conn. Gen. Stat. § 53a-71)

A person is guilty of sexual assault in the second degree when such person engages in sexual intercourse with another person and: (1) Such other person is thirteen years of age or older but under sixteen years of age and the actor is more than three years older than such other person; or (2) such other person is impaired because of mental disability or disease to the extent that such other person is unable to consent to such sexual intercourse; or (3) such other person is physically helpless; or (4) such other person is less than eighteen years old and the actor is such person's guardian or otherwise responsible for the general supervision of such person's welfare; or (5) such other person is in custody of law or detained in a hospital or other institution and the actor has supervisory or disciplinary authority over such other person; or (6) the actor is a psychotherapist and such other person is (A) a patient of the actor and the sexual intercourse occurs during the psychotherapy session, (B) a patient or former patient of the actor and such patient or former patient is emotionally dependent upon the actor, or (C) a patient or former patient of the actor and the sexual intercourse occurs by means of therapeutic deception; or (7) the actor accomplishes the sexual intercourse by means of false representation that the sexual intercourse is for a bona fide medical purpose by a health care professional; or (8) the actor is a school employee and such other person is a student enrolled in a school in which the actor works or a school under the jurisdiction of the local or regional board of education which employs the actor; or (9)

the actor is a coach in an athletic activity or a person who provides intensive, ongoing instruction and such other person is a recipient of coaching or instruction from the actor and (A) is a secondary school student and receives such coaching or instruction in a secondary school setting, or (B) is under eighteen years of age; or (10) the actor is twenty years of age or older and stands in a position of power, authority or supervision over such other person by virtue of the actor's professional, legal, occupational or volunteer status and such other person's participation in a program or activity, and such other person is under eighteen years of age; or (11) such other person is placed or receiving services under the direction of the Commissioner of Developmental Services in any public or private facility or program and the actor has supervisory or disciplinary authority over such other person.

Sexual Assault in the Third Degree (Conn. Gen. Stat. § 53a-72a)

A person is guilty of sexual assault in the third degree when such person (1) compels another person to submit to sexual contact (A) by the use of force against such other person or a third person, or (B) by the threat of use of force against such other person or against a third person, which reasonably causes such other person to fear physical injury to himself or herself or a third person, or (2) subjects another person to sexual contact and such other person is mentally incapacitated or impaired because of mental disability or disease to the extent that such other person is unable to consent to such sexual contact, or (3) engages in sexual intercourse with another person whom the actor knows to be related to him or her within any of the degrees of kindred specified in section 46b-21.

Sexual Assault in the Third Degree with a Firearm (Conn. Gen. Stat. § 53a-72b)
A person is guilty of sexual assault in the third degree with a firearm when such person commits sexual assault in the third degree as provided in section 53a-72a, and in the commission of such offense, such person uses or is armed with and threatens the use of or displays or represents by such person's words or conduct that such person possesses a pistol, revolver, machine gun, rifle, shotgun or other firearm. No person shall be convicted of sexual assault in the third degree and sexual assault in the third degree with a firearm upon the same transaction but such person may be charged and prosecuted for both such offenses upon the same information.

Sexual Assault in the Fourth Degree (Conn. Gen. Stat. § 53a-73a)

A person is guilty of sexual assault in the fourth degree when: (1) Such person subjects another person to sexual contact who is (A) under thirteen years of age and the actor is more than two years older than such other person, or (B) thirteen years of age or older but under fifteen years of age and the actor is more than three years older than such other person, or (C) physically helpless, or (D) less than eighteen years old and the actor is such other person's guardian or otherwise responsible for the general supervision of such other person's welfare, or (E) in custody of law or detained in a hospital or other institution and the actor has supervisory or disciplinary authority over

such other person; or (2) such person subjects another person to sexual contact without such other person's consent; or (3) such person engages in sexual contact with an animal ~~or dead body~~; or (4) such person ~~is a~~ engages in sexual contact with a dead human body; or (5) such person is a psychotherapist and subjects another person to sexual contact who is (A) a patient of the actor and the sexual contact occurs during the psychotherapy session, or (B) a patient or former patient of the actor and such patient or former patient is emotionally dependent upon the actor, or (C) a patient or former patient of the actor and the sexual contact occurs by means of therapeutic deception; or (6~~5~~) such person subjects another person to sexual contact and accomplishes the sexual contact by means of false representation that the sexual contact is for a bona fide medical purpose by a health care professional; or (7~~6~~) such person is a school employee and subjects another person to sexual contact who is a student enrolled in a school in which the actor works or a school under the jurisdiction of the local or regional board of education which employs the actor; or (8~~7~~) such person is a coach in an athletic activity or a person who provides intensive, ongoing instruction and subjects another person to sexual contact who is a recipient of coaching or instruction from the actor and (A) is a secondary school student and receives such coaching or instruction in a secondary school setting, or (B) is under eighteen years of age; or (9~~8~~) such person subjects another person to sexual contact and (A) the actor is twenty years of age or older and stands in a position of power, authority or supervision over such other person by virtue of the actor's professional, legal, occupational or volunteer status and such other person's participation in a program or activity, and (B) such other person is under eighteen years of age; or (10~~9~~) such person subjects another person to sexual contact who is placed or receiving services under the direction of the Commissioner of Developmental Services in any public or private facility or program and the actor has supervisory or disciplinary authority over such other person.

APPENDIX B

Operational Definitions of Child Abuse and Neglect

The purpose of this policy is to provide consistency for staff in defining and identifying operational definitions, evidence of abuse and/or neglect and examples of adverse impact indicators.

The following operational definitions are working definitions and examples of child abuse and neglect as used by the Connecticut DCF.

For the purposes of these operational definitions,

- A person responsible for a child's health, welfare or care means:
    - the child's parent, guardian, or foster parent; an employee of a public or private residential home, agency or institution or other person legally responsible under State law for the child's welfare in a residential setting; or any staff person providing out-of-home care, including center-based child day care, family day care, or group day care.
- A person given access to a child is a person who is permitted to have personal interaction with a child by the person responsible for the child's health, welfare or care or by a person entrusted with the care of a child.
- A person entrusted with the care of a child is a person who is given access to a child by a person responsible for the health, welfare or care of a child for the purpose of providing education, child care, counseling, spiritual guidance, coaching, training, instruction, tutoring or mentoring.
- **Note:** Only a "child" as defined in the policy above may be classified as a victim of child abuse and/or neglect; only a "person responsible," "person given access," or "person entrusted" as defined above may be classified as a perpetrator of child abuse and/or neglect.
    - While only a child under eighteen may be a victim of child abuse or neglect, a report under mandatory reporting laws and this policy is required if an employee of the Board of Education in the ordinary course of such person's employment or profession has reasonable cause to suspect or believe that any person, regardless of age, who is being educated by the Technical Education and Career System or a local or regional board of education, other than as part of an adult education program, is a victim of sexual assault, as set forth in this policy, and the perpetrator is a school employee.

Physical Abuse

A child may be found to have been physically abused who:

has been inflicted with physical injury or injuries other than by accidental means,

is in a condition which is the result of maltreatment such as, but not limited to, malnutrition, sexual molestation, deprivation of necessities, emotional maltreatment or cruel punishment, and/or

has injuries at variance with the history given of them.

Evidence of physical abuse includes, but is not limited to the following:

excessive physical punishment;

bruises, scratches, lacerations;

burns, and/or scalds;

reddening or blistering of the tissue through application of heat by fire, chemical substances, cigarettes, matches, electricity, scalding water, friction, etc.;

injuries to bone, muscle, cartilage, ligaments:
fractures, dislocations, sprains, strains, displacements, hematomas, etc.;

head injuries;

internal injuries;

death;

misuse of medical treatments or therapies;

malnutrition related to acts of commission or omission by an established caregiver resulting in a child's malnourished state that can be supported by professional medical opinion;

deprivation of necessities acts of commission or omission by an established caregiver resulting in physical harm to child; and/or

cruel punishment.

Sexual Abuse/Exploitation Sexual Abuse/Exploitation

Sexual Abuse/Exploitation is any incident involving a child's non-accidental exposure to sexual behavior.

Evidence of sexual abuse includes, but is not limited to the following:

rape;

penetration: digital, penile, or foreign objects;

oral / genital contact;

indecent exposure for the purpose of sexual gratification of the offender, or for purposes of shaming, humiliating, shocking or exerting control over the victim;

incest;

fondling, including kissing, for the purpose of sexual gratification of the offender, or for purposes of shaming, humiliating, shocking or exerting control over the victim;

sexual exploitation, including possession, manufacture, or distribution of child pornography, online enticement of a child for sexual acts, child prostitution, child-sex tourism, unsolicited obscene material sent to a child, or misleading domain name likely to attract a child to an inappropriate website;

coercing or forcing a child to participate in, or be negligently exposed to, pornography and/or sexual behavior;

disease or condition that arises from sexual transmission; and/or

other verbal, written or physical behavior not overtly sexual but likely designed to "groom" a child for future sexual abuse.

Legal References: Federal Law 18 U.S.C. 2251 Sexual Exploitation of Children.

Emotional Maltreatment-Abuse

Emotional Maltreatment-Abuse is an:

act(s), statement(s), or threat(s), which

has had, or is likely to have an adverse impact on the child; and/or

interferes with a child's positive emotional development.

Evidence of emotional maltreatment-abuse includes, but is not limited to, the following:

rejecting;

degrading;

isolating and/or victimizing a child by means of cruel, unusual, or excessive methods of discipline; and/or

exposing the child to brutal or intimidating acts or statements.

Indicators of Adverse Impact of emotional maltreatment-abuse may include, but are not limited to, the following:

depression;

withdrawal;

low self-esteem;

anxiety;

fear;

aggression/ passivity;

emotional instability;

sleep disturbances;

somatic complaints with no medical basis;

inappropriate behavior for age or development;

suicidal ideations or attempts;

extreme dependence;

academic regression; and/or
trust issues.

Physical Neglect

A child may be found neglected who:

has been abandoned;

is being denied proper care and attention physically, educationally, emotionally, or morally;

is being permitted to live under conditions, circumstances or associations injurious

to the child's well-being; and/or

has been abused.

Evidence of physical neglect includes, but is not limited to:

inadequate food;

malnutrition;

inadequate clothing;

inadequate housing or shelter;

erratic, deviant, or impaired behavior by the person responsible for the child's health, welfare or care; by a person given access to the child; or by a person entrusted with the child's care which adversely impacts the child;

permitting the child to live under conditions, circumstances or associations injurious to the child's well-being including, but not limited to, the following:

substance abuse by caregiver, which adversely impacts the child physically;

substance abuse by the mother of a newborn child and the newborn has a positive urine or meconium toxicology for drugs;

psychiatric problem of the caregiver which adversely impacts the child physically;

exposure to family violence which adversely impacts the child physically; exposure to violent events, situations, or persons that would be reasonably judged to compromise a child's physical safety;

non-accidental, negligent exposure to drug trafficking and/or individuals engaged in the active abuse of illegal substances;
voluntarily and knowingly entrusting the care of a child to individuals who may be disqualified to provide safe care, *e.g.,* persons who are subject to active protective or restraining orders; persons with past history of violent/drug/sex crimes; persons appearing on the Central Registry;
non-accidental or negligent exposure to pornography or sexual acts;
inability to consistently provide the minimum of child-caring tasks;
inability to provide or maintain a safe living environment;

action/inaction resulting in death;

abandonment;

action/inaction resulting in the child's failure to thrive;

transience;

inadequate supervision:
creating or allowing a circumstance in which a child is alone for an excessive period of time given the child's age and cognitive abilities;

holding the child responsible for the care of siblings or others beyond the child's ability; and/or

failure to provide reasonable and proper supervision of a child given the child's age and cognitive abilities.

Note:

- Inadequate food, clothing, or shelter or transience finding must be related to caregiver acts of omission or commission and not simply a function of poverty alone.

- Whether or not the adverse impact has to be demonstrated is a function of the child's age, cognitive abilities, verbal ability and developmental level.

- The presence of legal or illegal substances in the bodily fluids of (1) a parent or legal guardian or (2) a pregnant person shall not form the sole or primary basis for any action or proceeding by the Department. Any action or proceeding by the Department must be based on harm or risk of harm to a child and the parent or guardian's ability to provide appropriate care for the child.

- Adverse impact may not be required if the action/inaction is a single incident that demonstrates a serious disregard for the child's welfare.

Medical Neglect

Medical Neglect is the unreasonable delay, refusal or failure on the part of the person responsible for the child's health, welfare or care or the person entrusted with the child's care to seek, obtain, and/or maintain those services for necessary medical, dental or mental health care when such person knows, or should reasonably be expected to know, that such actions may have an adverse impact on the child.

Evidence of medical neglect includes, but is not limited to:

frequently missed appointments, therapies or other necessary medical and/or mental health treatments;

withholding or failing to obtain or maintain medically necessary treatment from a child with life-threatening, acute or chronic medical or mental health conditions; and/or

withholding medically indicated treatment from disabled infants with life-threatening conditions.

Note: Failure to provide the child with immunizations or routine well-child care in and of itself does not constitute medical neglect.

Educational Neglect

Except as noted below, **Educational Neglect** occurs when a school-aged child has excessive absences from school through the intent or neglect of the parent or caregiver.

Definition of School-Aged Child: Except as noted below, a school-aged child is a child five years of age and older and under 18 years of age who is not a high school graduate. **Note:** Excessive absenteeism and school avoidance may be presenting symptoms of a failure to meet the physical, emotional or medical needs of a child. Careline staff shall consider these potential additional allegations at the time of referral.

Criteria:

- **For children school-aged to age 12, excessive absenteeism** may be indicative of the parent's or caregiver's failure to meet the educational needs of a student.
- **For children older than age 12, excessive absenteeism**, coupled with a failure by the parent or caregiver to engage in efforts to improve the child's attendance, may be indicative of educational neglect.

- For children older than age 12, excessive absenteeism through the child's own intent, despite the parent's or caregiver's efforts, is not educational neglect. Rather, this is truancy, which is handled through the school district.

Child's Characteristics. In determining the criteria for excessive absenteeism, the following characteristics of the child shall be considered by the social worker:

- Age;
- Health;
- Level of functioning;
- Academic standing; and
- Dependency on parent or caregiver

Parent or Caregiver's Characteristics. In determining the criteria for excessive absenteeism, the following characteristics of the parent or caregiver shall be considered by the social worker:

- Rationale provided for the absences;
- Efforts to communicate and engage with the educational provider; and
- Failure to enroll a school-aged child in appropriate educational programming (including homeschooling)

Exceptions (in accordance with Conn. Gen. Stat. § 10-184):

1. A parent or person having control of a child may exercise the option of not sending the child to school at age five (5) or age six (6) years by personally appearing at the school district office and signing an option form. In these cases, educational neglect occurs if the parent or person having control of the child has registered the child at age five (5) or age (6) years and then does not allow the child to attend school or receive home instruction.

2. A parent or person having control of a child seventeen (17) years of age may consent to such child's withdrawal from school. Such parent or person shall personally appear at the school district office and sign a withdrawal form.

Note: Failure to sign a registration option form for such child is not in and of itself educational neglect.

Emotional Neglect

Emotional Neglect is the denial of proper care and attention, or failure to respond, to a child's affective needs by the person responsible for the child's health, welfare or care; by the person given access to the child; or by the person entrusted with the child's care

which has an adverse impact on the child or seriously interferes with a child's positive emotional development.

Note: Whether or not the adverse impact has to be demonstrated is a function of the child's age, cognitive abilities, verbal ability and developmental level. Adverse impact is not required if the action/inaction is a single incident which demonstrates a serious disregard for the child's welfare.

Note: The adverse impact may result from a single event and/or from a consistent pattern of behavior and may be currently observed or predicted as supported by evidence-based practice.

Evidence of emotional neglect includes, but is not limited to, the following:

inappropriate expectations of the child given the child's developmental level;

failure to provide the child with appropriate support, attention and affection;

permitting the child to live under conditions, circumstances or associations;

injurious to the child's well-being including, but not limited to, the following:

substance abuse by caregiver, which adversely impacts the child emotionally;

psychiatric problem of the caregiver, which adversely impacts the child emotionally; and/or

exposure to family violence which adversely impacts the child emotionally.

Indicators may include, but are not limited to, the following:

depression;

withdrawal;

low self-esteem;

anxiety;

fear;

aggression/ passivity;

emotional instability;

sleep disturbances;

somatic complaints with no medical basis;

inappropriate behavior for age or development;

suicidal ideations or attempts;

extreme dependence;

academic regression; and/or

trust issues.

Moral Neglect

Moral Neglect: Exposing, allowing, or encouraging the child to engage in illegal or reprehensible activities by the person responsible for the child's health, welfare or care or person given access or person entrusted with the child's care.

Evidence of Moral Neglect includes but is not limited to:

stealing;

using drugs and/or alcohol; and/or

involving a child in the commission of a crime, directly or by caregiver indifference.

Appendix C

INDICATORS OF POSSIBLE CHILD ABUSE AND NEGLECT

Indicators of Physical Abuse

HISTORICAL

Delay in seeking appropriate care after injury

No witnesses

Inconsistent or changing descriptions of accident by child and/or parent

Child's developmental level inconsistent with history

History of prior "accidents"

Absence of parental concern

Child is handicapped (physically, mentally, developmentally) or otherwise perceived as "different" by parent

Unexplained school absenteeism

History of precipitating crisis

PHYSICAL

Soft tissue injuries on face, lips, mouth, back, buttocks, thighs or large areas of the torso

Clusters of skin lesions; regular patterns consistent with an implement

Shape of lesions inconsistent with accidental bruise

Bruises/welts in various stages of healing

Burn pattern consistent with an implement on soles, palms, back, buttocks and genitalia; symmetrical and/or sharply demarcated edges

Fractures/dislocations inconsistent with history

Laceration of mouth, lips, gums or eyes

Bald patches on scalp

Abdominal swelling or vomiting

Adult-size human bite mark(s)

Fading cutaneous lesions noted after weekends or absences

Rope marks

BEHAVIORAL

Wary of physical contact with adults

Affection inappropriate for age

Extremes in behavior, aggressiveness/withdrawal

Expresses fear of parents

Reports injury by parent

Reluctance to go home

Feels responsible (punishment "deserved")

Poor self-esteem

Clothing covers arms and legs even in hot weather

Indicators of Sexual Abuse

HISTORICAL

Vague somatic complaint

Excessive school absences

Inadequate supervision at home

History of urinary tract infection or vaginitis

Complaint of pain; genital, anal or lower back/abdominal

Complaint of genital itching

Any disclosure of sexual activity, even if contradictory

PHYSICAL

Discomfort in walking, sitting

Evidence of trauma or lesions in and around mouth

Vaginal discharge/vaginitis

Vaginal or rectal bleeding

Bruises, swelling or lacerations around genitalia, inner thighs

Dysuria

Vulvitis

Any other signs or symptoms of sexually transmitted disease

Pregnancy

BEHAVIORAL

Low self-esteem

Change in eating pattern

Unusual new fears

Regressive behaviors

Personality changes (hostile/aggressive or extreme compliance)

Depression

Decline in school achievement

Social withdrawal or poor peer relationships

Indicates sophisticated or unusual sexual knowledge for age

Seductive behavior, promiscuity or prostitution

Substance abuse

Suicide ideation or attempt

Runaway

Indicators of Emotional Abuse

HISTORICAL

Parent ignores/isolates/belittles/rejects/scapegoats child

Parent's expectations inappropriate to child's development

Prior episode(s) of physical abuse

Parent perceives child as "different"

PHYSICAL

(Frequently none)

Failure to thrive

Speech disorder

Lag in physical development

Signs/symptoms of physical abuse

BEHAVIORAL

Poor self-esteem

Regressive behavior (sucking, rocking, enuresis)

Sleep disorders

Adult behaviors (parenting sibling)

Antisocial behavior

Emotional or cognitive developmental delay

Extremes in behavior - overly aggressive/compliant

Depression

Suicide ideation/attempt

Indicators of Physical Neglect

HISTORICAL

High rate of school absenteeism

Frequent visits to school nurse with nonspecific complaints

Inadequate supervision, especially for long periods and for dangerous activities

Child frequently unattended; locked out of house

Parental inattention to recommended medical care

No food intake for 24 hours

Home substandard (no windows, doors, heat), dirty, infested, obvious hazards

Family member addicted to drugs/alcohol

PHYSICAL

Hunger, dehydration

Poor personal hygiene, unkempt, dirty

Dental cavities/poor oral hygiene

Inappropriate clothing for weather/size of child, clothing dirty; wears same clothes day after day

Constant fatigue or listlessness

Unattended physical or health care needs

Infestations

Multiple skin lesions/sores from infection

BEHAVIORAL

Comes to school early, leaves late

Frequent sleeping in class

Begging for/stealing food

Adult behavior/maturity (parenting siblings)

Delinquent behaviors

Drug/alcohol use/abuse

ADMINISTRATION OF STUDENT MEDICATIONS IN THE SCHOOLS

A. Definitions

Administration of medication means any one of the following activities: handling, storing, preparing or pouring of medication; conveying it to the student according to the medication order; observing the student inhale, apply, swallow, or self-inject the medication, when applicable; documenting that the medication was administered; and counting remaining doses to verify proper administration and use of the medication.

Authorized prescriber means a physician, dentist, optometrist, advanced practice registered nurse or physician assistant, and, for interscholastic and intramural athletic events only, a podiatrist.

Before or after school program means any child care program operated and administered by the Branford Board of Education (the "Board") and exempt from licensure by the Office of Early Childhood pursuant to subdivision (1) of subsection (b) of Section 19a-77 of the Connecticut General Statutes. Such programs do not include public or private entities licensed by the Office of Early Childhood or Board enhancement programs and extracurricular activities.

Cartridge injector means an automatic prefilled cartridge injector or similar automatic injectable equipment used to deliver epinephrine in a standard dose for emergency first aid response to allergic reactions.

Coach means any person holding a coaching permit who is hired by the Board to coach for a sport season.

Controlled drugs means those drugs as defined in Conn. Gen. Stat. Section 21a-240.

Cumulative health record means the cumulative health record of a pupil mandated by Conn. Gen. Stat. Section 10-206.

Director means the person responsible for the day-to-day operations of any school readiness program or before-or-after school program.

Eligible student means a student who has reached the age of eighteen or is an emancipated minor.

Error means:

(1) the failure to do any of the following as ordered:

(a) administer a medication to a student;
(b) administer medication within the time designated by the prescribing physician;
(c) administer the specific medication prescribed for a student;
(d) administer the correct dosage of medication;
(e) administer medication by the proper route;
(f) administer the medication according to generally accepted standards of practice; or
(g) failure to document after a medication is given

(2) the administration of medication to a student which is not ordered, or which is not authorized in writing by the parent or guardian of such student, except for the administration of epinephrine or naloxone for the purpose of emergency first aid as set forth in Sections D and E below.

Guardian means one who has the authority and obligations of guardianship of the person of a minor, and includes: (1) the obligation of care and control; and (2) the authority to make major decisions affecting the minor's welfare, including, but not limited to, consent determinations regarding marriage, enlistment in the armed forces and major medical, psychiatric or surgical treatment.

Intramural athletic events means tryouts, competition, practice, drills, and transportation to and from events that are within the bounds of a school district for the purpose of providing an opportunity for students to participate in physical activities and athletic contests that extend beyond the scope of the physical education program.

Interscholastic athletic events means events between or among schools for the purpose of providing an opportunity for students to participate in competitive contests that are highly organized and extend beyond the scope of intramural programs and includes tryouts, competition, practice, drills and transportation to and from such events.

Investigational drug means any medication with an approved investigational new drug (IND) application on file with the Food and Drug Administration (FDA), which is being scientifically tested and clinically evaluated to determine its efficacy, safety and side effects and which has not yet received FDA approval.

Licensed athletic trainer means a licensed athletic trainer employed by the school district pursuant to Chapter 375a of the Connecticut General Statutes.

Medication means any medicinal preparation, both prescription and non-prescription, over-the-counter medication, including controlled drugs, as defined in Conn. Gen. Stat. Section 21a-240. This definition includes Aspirin, Ibuprofen or Aspirin substitutes containing Acetaminophen.

Medication emergency means a life-threatening reaction of a student to a medication.

Medication plan means a documented plan established by the school nurse in conjunction with the parent and student regarding the administration of medication in school. Such plan may be a stand-alone plan, part of an individualized health care plan, an emergency care plan or a medication administration form.

Medication order means the authorization by an authorized prescriber for the administration of medication to a student which shall include the name of the student, the name and generic name of the medication, the dosage of the medication, the route of administration, the time of administration, the frequency of administration, the indications for medication, any potential side effects including overdose or missed dose of the medication, the start and termination dates not to exceed a 12-month period, and the written signature of the prescriber.

Nurse means an advanced practice registered nurse, a registered nurse or a practical nurse licensed in Connecticut in accordance with Chapter 378, Conn. Gen. Stat.

Occupational therapist means an occupational therapist employed full time by the Board and licensed in Connecticut pursuant to Chapter 376a of the Connecticut General Statutes.

Optometrist means an optometrist licensed to provide optometry pursuant to Chapter 380 of the Connecticut General Statutes.

Paraprofessional means a health care aide or assistant or an instructional aide or assistant employed by the Board who meets the requirements of the Board for employment as a health care aide or assistant or instructional aide or assistant.

Physical therapist means a physical therapist employed full time by the Board and licensed in Connecticut pursuant to Chapter 376 of the Connecticut General Statutes.

Physician means a doctor of medicine or osteopathy licensed to practice medicine in Connecticut pursuant to Chapter 370 of the Connecticut General Statutes, or licensed to practice medicine in another state.

Podiatrist means an individual licensed to practice podiatry in Connecticut pursuant to Chapter 375 of the Connecticut General Statutes.

Principal means the administrator in the school.

Research or study medications means FDA-approved medications being administered according to an approved study protocol. A copy of the study protocol shall be provided to the school nurse along with the name of the medication to be administered and the acceptable range of dose of such medication to be administered.

School means any educational facility or program which is under the jurisdiction of the Board excluding extracurricular activities.

School nurse means a nurse appointed in accordance with Conn. Gen. Stat. Section 10-212.

School nurse supervisor means the nurse designated by the Board as the supervisor or, if no designation has been made by the Board, the lead or coordinating nurse assigned by the Board.

School readiness program means a program that receives funds from the State Department of Education for a school readiness program pursuant to subsection (b) of Section 10-16p of the Connecticut General Statutes and exempt from licensure by the Office of Early Childhood pursuant to subdivision (1) of subsection (b) of Section 19a-77 of the Connecticut General Statutes.

Self-administration of medication means the control of the medication by the student at all times and is self-managed by the student according to the individual medication plan.

Teacher means a person employed full time by the Board who has met the minimum standards as established by the Board for performance as a teacher and has been approved by the school medical advisor and school nurse to be designated to administer medications pursuant to the Regulations of Connecticut State Agencies Sections 10-212a-1 through 10-212a-7.

B. General Policies on Administration of Medications

(1) Except as provided below in Sections D and E, no medication, including non-prescription drugs, may be administered by any school personnel without:

(a) the written medication order of an authorized prescriber;
(b) the written authorization of the student's parent or guardian or eligible student; and
(c) the written permission of a parent for the exchange of information between the prescriber and the school nurse necessary to ensure safe administration of such medication.

(2) Prescribed medications shall be administered to and taken by only the person for whom the prescription has been written.

(3) Except as provided in Sections D and E, medications may be administered only by a licensed nurse or, in the absence of a licensed nurse, by:

(a) a full-time principal, a full-time teacher, or a full-time licensed physical or occupational therapist employed by the school district. A full-time principal, teacher, licensed physical or occupational therapist employed by the school district may administer oral, topical, intranasal or inhalant medications after proper training on medication administration. Such individuals may administer injectable medications only to a student with a medically diagnosed allergic condition that may require prompt treatment to protect the student against serious harm or death.

(b) students with chronic medical conditions who are able to possess, self-administer, or possess and self-administer medication, provided all of the following conditions are met:

(i) an authorized prescriber provides a written medication order, including the recommendation for possession, self-administration, or possession and self-administration;

(ii) there is a written authorization for possession, self-administration, or possession and self-administration from the student's parent or guardian or eligible student;

(iii) the school nurse has developed a plan for possession, self-administration, or possession and self-administration,

and general supervision, and has documented the plan in the student's cumulative health record;

(iv) the school nurse has assessed the student's competency for self-administration and deemed it safe and appropriate, including that the student: is capable of identifying and selecting the appropriate medication by size, color, amount or other label identification; knows the frequency and time of day for which the medication is ordered; can identify the presenting symptoms that require medication; administers the medication appropriately; maintains safe control of the medication at all times; seeks adult supervision whenever warranted; and cooperates with the established medication plan;

(v) the principal, appropriate teachers, coaches and other appropriate school personnel are informed the student is possessing, self-administering, or possessing and self-administering prescribed medication;

(vi) such medication is transported to school and maintained under the student's control in accordance with this policy; and

(vii) controlled drugs, as defined in this policy, may not be possessed or self-administered by students, except in extraordinary situations, such as international field trips, with approval of the school nurse supervisor and the school medical advisor in advance and development of an appropriate plan.

(c) a student diagnosed with asthma who is able to self-administer medication shall be permitted to retain possession of an asthmatic inhaler at all times while attending school, in order to provide for prompt treatment to protect such student against serious harm or death, provided all of the following conditions are met:

(i) an authorized prescriber provides a written order requiring the possession of an inhaler by the student at all times in order to provide for prompt treatment in order to protect the student against serious harm or death and authorizing the student's self-administration of medication, and such written order is provided to the school nurse;

(ii) there is a written authorization from the student's parent or guardian regarding the possession of an inhaler by the student at all times in order to protect the student against serious harm or death and authorizing the student's self-administration of medication, and such written authorization is provided to the school nurse;

(iii) the conditions set forth in subsection (b) above have been met, except that the school nurse's review of a student's competency to self-administer an inhaler for asthma in the school setting shall not be used to prevent a student from retaining and self-administering an inhaler for asthma. Students may self-administer medication with only the written authorization of an authorized prescriber and written authorization from the student's parent or guardian or eligible student; and

(iv) the conditions for self-administration meet any regulations as may be imposed by the State Board of Education in consultation with the Commissioner of Public Health.

(d) a student diagnosed with an allergic condition who is able to self-administer medication shall be permitted to retain possession of a cartridge injector at all times while attending school, in order to provide for prompt treatment to protect such student against serious harm or death, provided all of the following conditions are met:

(i) an authorized prescriber provides a written order requiring the possession of a cartridge injector by the student at all times in order to provide for prompt treatment in order to protect the student against serious harm or death and authorizing the student's possession, self-administration, or possession and self-administration of medication, and such written order is provided to the school nurse;

(ii) there is a written authorization from the student's parent or guardian regarding the possession of a cartridge injector by the student at all times in order to protect the student against serious harm or death and authorizing the student's possession, self-administration, or possession and self-administration of medication, and such written authorization is provided to the school nurse;

(iii) the conditions set forth in subsection (b) above have been met, except that the school nurse's review of a student's competency to self-administer cartridge injectors for medically-diagnosed allergies in the school setting shall not be used to prevent a student from retaining and self-administering a cartridge injector for medically-diagnosed allergies. Students may self-administer medication with only the written authorization of an authorized prescriber and written authorization from the student's parent or guardian or eligible student; and

(iv) the conditions for self-administration meet any regulations as may be imposed by the State Board of Education in consultation with the Commissioner of Public Health.

(e) a student with a medically diagnosed life-threatening allergic condition may possess, self-administer, or possess and self-administer medication, including but not limited to medication administered with a cartridge injector, to protect the student against serious harm or death, provided the following conditions are met:

(i) the parent or guardian of the student has provided written authorization for the student to possess, self-administer, or possess and self-administer such medication; and

(ii) a qualified medical professional has provided a written order for the possession, self-administration, or possession and self-administration.

(f) a coach of intramural or interscholastic athletic events or licensed athletic trainer who has been trained in the administration of medication, during intramural or interscholastic athletic events, may administer inhalant medications prescribed to treat respiratory conditions and/or medication administered with a cartridge injector for students with medically diagnosed allergic conditions which may require prompt treatment to protect the student against serious harm or death, provided all of the following conditions are met:

(i) the school nurse has determined that a self-administration plan is not viable;

(ii) the school nurse has provided to the coach a copy of the authorized prescriber's order and parental permission form;

(iii) the parent/guardian has provided the coach or licensed athletic trainer with the medication in accordance with Section K of this policy, and such medication is separate from the medication stored in the school health office for use during the school day; and

(iv) the coach or licensed athletic trainer agrees to the administration of emergency medication and implements the emergency care plan, identified in Section H of this policy, when appropriate.

(g) an identified school paraprofessional who has been trained in the administration of medication, provided medication is administered only to a specific student in order to protect that student from harm or death due to a medically diagnosed allergic condition, and the following additional conditions are met:

(i) there is written authorization from the student's parents/guardian to administer the medication in school;

(ii) medication is administered pursuant to the written order of (A) a physician licensed under chapter 370 of the Connecticut General Statutes, (B) an optometrist licensed to practice optometry under chapter 380 of the Connecticut General Statutes, (C) an advanced practice registered nurse licensed to prescribe in accordance with section 20-94a of the Connecticut General Statutes, or (D) a physician assistant licensed to prescribe in accordance with section 20-12d of the Connecticut General Statutes;

(iii) medication is administered only with approval by the school nurse and school medical advisor, if any, in conjunction with the school nurse supervisor and under the supervision of the school nurse;

(iv) the medication to be administered is limited to medications necessary for prompt treatment of an allergic reaction, including, but not limited to, a cartridge injector; and

(v) the paraprofessional shall have received proper training and supervision from the school nurse in accordance with this policy and state regulations.

(h) a principal, teacher, licensed athletic trainer, licensed physical or occupational therapist employed by the Board, coach or school paraprofessional, provided medication is antiepileptic medication, including by rectal syringe, administered only to a specific student with a medically diagnosed epileptic condition that requires prompt treatment in accordance with the student's individual seizure action plan, and the following additional conditions are met:

(i) there is written authorization from the student's parents/guardians to administer the medication;

(ii) a written order for such administration has been received from the student's physician licensed under Chapter 370 of the Connecticut General Statutes;

(iii) the principal, teacher, licensed athletic trainer, licensed physical or occupational therapist employed by the Board, coach or school paraprofessional is selected by the school nurse and school medical advisor, if any, and voluntarily agrees to administer the medication;

(iv) the principal, teacher, licensed athletic trainer, licensed physical or occupational therapist employed by the Board, coach or school paraprofessional annually completes the training program established by the Connecticut State Department of Education and the Association of School Nurses of Connecticut, and the school nurse and medical advisor, if any, have attested, in writing, that such training has been completed; and

(v) the principal, teacher, licensed athletic trainer, licensed physical or occupational therapist employed by the Board, coach or school paraprofessional receives monthly reviews by the school nurse to confirm competency to administer antiepileptic medication.

(i) a director of a school readiness program or a before or after school program, or the director's designee, provided that the medication is administered:

(i) only to a student enrolled in such program; and

(ii) in accordance with Section L of this policy.

(j) a licensed practical nurse, after the school nurse has established the medication plan, provided that the licensed practical nurse may not train or delegate the administration of medication to another individual, and provided that the licensed practical nurse can demonstrate one of the following:

(i) training in administration of medications as part of their basic nursing program;

(ii) successful completion of a pharmacology course and subsequent supervised experience; or

(iii) supervised experience in the administration of medication while employed in a healthcare facility.

(4) Medications may also be administered by a parent or guardian to the parent or guardian's own child on school grounds.

(5) Investigational drugs or research or study medications may be administered only by a licensed nurse. For FDA-approved medications being administered according to a study protocol, a copy of the study protocol shall be provided to the school nurse along with the name of the medication to be administered and the acceptable range of dose of such medication to be administered.

C. Students with Diabetes

(1) The Board permits blood glucose testing by students who have a written order from a physician or an advanced practice registered nurse stating the need and capability of such student to conduct self-testing, or the use of continuous blood glucose monitors (CGM) by students diagnosed with Type 1 diabetes, who have a written order from a physician or an advanced practice registered nurse.

(2) The Board will not restrict the time or location of blood glucose testing by a student with diabetes on school grounds who has written authorization from a parent or guardian and a written order from a physician or an advanced practice registered nurse stating that such student is capable of conducting self-testing on school grounds.

(3) The Board will not require a student using a continuous glucose monitor approved by the Food and Drug Administration for use without finger stick verification to undergo finger stick verification of blood glucose readings from a continuous glucose monitor on a routine basis. Finger stick testing of a student using a continuous glucose monitor so approved by the Food and Drug Administration shall only be conducted: (1) as ordered by the student's physician or advanced practice provider; (2) if it appears that the continuous glucose monitor is malfunctioning; or (3) in an urgent medical situation.

(4) The Board shall purchase or use existing equipment owned by the Board to monitor blood glucose alerts transmitted from continuous glucose monitors of students with Type 1 diabetes to dedicated receivers, smartphone/tablet applications, or other appropriate technology on such equipment.

(5) In the absence or unavailability of the school nurse, select school employees may administer medication with injectable equipment used to administer glucagon to a student with diabetes that may require prompt treatment in order to protect the student against serious harm or death, under the following conditions:

(a) The student's parent or guardian has provided written authorization;

(b) A written order for such administration has been received from the student's physician licensed under Chapter 370 of the Connecticut General Statutes;

(c) The school employee is selected by either the school nurse or principal and is a principal, teacher, licensed athletic trainer, licensed physical or occupational therapist employed by a school district, coach or school paraprofessional;

(d) The school nurse shall provide general supervision to the selected school employee;

(e) The selected school employee annually completes any training required by the school nurse and school medical advisor in the administration of medication with injectable equipment used to administer glucagon;

(f) The school nurse and school medical advisor have attested in writing that the selected school employee completed the required training; and

(g) The selected school employee voluntarily agrees to serve as one who may administer medication with injectable equipment used to administer glucagon to a student with diabetes that may require prompt treatment in order to protect the student against serious harm or death.

D. Epinephrine for Purposes of Emergency First Aid Without Prior Authorization

(1) For purposes of this Section D, "regular school hours" means the posted hours during which students are required to be in attendance at the individual school on any given day.

(2) The school nurse shall maintain epinephrine in cartridge injectors for the purpose of emergency first aid to students who experience allergic reactions and do not have prior written authorization of a parent or guardian or a prior written order of a qualified medical professional for the administration of epinephrine.

(a) The school nurse, in consultation with the school nurse supervisor, shall determine the supply of epinephrine in cartridge injectors that shall be available in the individual school.

(b) In determining the appropriate supply of epinephrine in cartridge injectors, the nurse may consider, among other things, the number of students regularly in the school building during the regular school day and the size of the physical building.

(3) The school nurse or school principal shall select principal(s), teacher(s), licensed athletic trainer(s), licensed physical or occupational therapist(s) employed by the Board, coach(es) and/or school paraprofessional(s) to maintain and administer the epinephrine in cartridge injectors for the purpose of emergency first aid as described in Paragraph (2) above, in the absence of the school nurse.

(a) More than one individual must be selected by the school nurse or school principal for such maintenance and administration in the absence of the school nurse.

(b) The selected personnel, before conducting such administration, must annually complete the training made available by the Department of Education for the administration of epinephrine in cartridge injectors for the purpose of emergency first aid.

(c) The selected personnel must voluntarily agree to complete the training and administer epinephrine in cartridge injectors for the purpose of emergency first aid.

(4) Either the school nurse or, in the absence of the school nurse, at least one of the selected and trained personnel as described in Paragraph (3) above shall be on the grounds of each school during regular school hours.

(a) The school principal, in consultation with the school nurse supervisor, shall determine the level of nursing services and number of selected and trained personnel necessary to ensure that a nurse or selected and trained personnel is present on the grounds of each school during regular school hours.

(b) If the school nurse, or a substitute school nurse, is absent or must leave school grounds during regular school hours, the school nurse, school administrator or designee shall use an effective and reasonable means of communication to notify one or more qualified school employees and other staff in the school that the selected and trained personnel identified in Paragraph (3) above shall be responsible for the emergency administration of epinephrine.

(5) The administration of epinephrine pursuant to this section must be done in accordance with this policy, including but not limited to the requirements for documentation and record keeping, errors in medication, emergency medical procedures, and the handling, storage and disposal of medication, and the Regulations adopted by the Department of Education.

(6) The parent or guardian of any student may submit, in writing, to the school nurse or school medical advisor, if any, that epinephrine shall not be administered to such student pursuant to this section.

(a) The school nurse shall notify selected and trained personnel of the students whose parents or guardians have refused emergency administration of epinephrine.

(b) The Board shall annually notify parents or guardians of the need to provide such written notice.

(7) Following the emergency administration of epinephrine by selected and trained personnel as identified in this section:

(a) Such emergency administration shall be reported immediately to:

(i) The school nurse or school medical advisor, if any, by the personnel who administered the epinephrine; and

(ii) The student's parent or guardian, by the school nurse or personnel who administered the epinephrine.

(b) A medication administration record shall be:

(i) Submitted to the school nurse by the personnel who administered the epinephrine as soon as possible, but no later than the next school day; and

(ii) filled in or summarized on the student's cumulative health record, in accordance with the Document and Record Keeping section of this policy.

E. Opioid Antagonists for Purposes of Emergency First Aid Without Prior Authorization

(1) For purposes of this Section E, "regular school hours" means the posted hours during which students are required to be in attendance at the individual school on any given day. "Regular school hours" does not include after-school events such as athletics or extracurricular activities that take place outside the posted hours.

(2) For purposes of this section, an "opioid antagonist" means naloxone hydrochloride (e.g., Narcan) or any other similarly acting and equally safe drug that the FDA has approved for the treatment of a drug overdose.

(3) In accordance with Connecticut law and this policy, a school nurse may maintain opioid antagonists for the purpose of administering emergency first aid to students who experience a known or suspected opioid overdose and do not have a prior written authorization of a parent or guardian or a prior written order of a qualified medical professional for the administration of such opioid antagonist.

(a) The school nurse, in consultation with the Board's medical advisor, shall determine the supply of opioid antagonists that shall be maintained in the individual school.

(b) In determining the appropriate supply of opioid antagonists, the nurse may consider, among other things, the number of students

regularly in the school building during the regular school day and the size of the physical building.

(c) The school nurse shall be responsible for the safe storage of opioid antagonists maintained in a school and shall ensure any supply of opioid antagonists maintained is stored in a secure manner, in accordance with the manufacturer's instructions, and in a location where it can be obtained in a timely manner if administration is necessary.

(d) The school nurse shall be responsible for maintaining an inventory of opioid antagonists maintained in the school, tracking the date(s) of expiration of the supply of opioid antagonists maintained in a school, and, as appropriate, refreshing the supply of opioid antagonists maintained in the school.

(4) The school nurse, in consultation with the Superintendent and the building principal, shall provide notice to parents and guardians of the Board's policies and procedures regarding the emergency administration of opioid antagonists in the event of a known or suspected opioid overdose.

(5) A school nurse shall be approved to administer opioid antagonists for the purpose of emergency first aid, as described in Paragraph (3) above, in the event of a known or suspected opioid overdose, in accordance with this policy and provided that such nurse has completed a training program in the distribution and administration of an opioid antagonist (1) developed by the State Department of Education, Department of Consumer Protection, and Department of Public Health, or (2) under a local agreement, entered into by the Board on July 1, 2022 or thereafter, with a prescriber or pharmacist for the administration of opioid antagonists for the purpose of emergency first aid, which training shall also address the Board's opioid antagonist storage, handling, labeling, recalls, and record keeping.

(6) The school nurse or school principal shall select principal(s), teacher(s), licensed athletic trainer(s), coach(es), school paraprofessional(s), and/or licensed physical or occupational therapist(s) employed by the Board to maintain and administer the opioid antagonists for the purpose of emergency first aid as described in Paragraph (3) above, in the absence of the school nurse.

(a) More than one individual must be selected by the school nurse or school principal for such maintenance and administration in the absence of the school nurse.

(b) The selected personnel, before administering an opioid antagonist pursuant to this section, must complete a training program in the distribution and administration of an opioid antagonist (1) developed by the State Department of Education, Department of Consumer Protection, and Department of Public Health, or (2) under a local agreement, entered into by the Board on July 1, 2022 or thereafter, with a prescriber or pharmacist for the administration of opioid antagonists for the purpose of emergency first aid, which training shall also address the Board's opioid antagonist storage, handling, labeling, recalls, and record keeping.

(c) All school personnel shall be notified of the identity of qualified school employees authorized to administer an opioid antagonist in the absence of the school nurse.

(7) Either the school nurse or, in the absence of the school nurse, at least one of the selected and trained personnel as described in Paragraph (6) above, shall be on the grounds of each school during regular school hours.

(a) The school principal, in consultation with the school nurse supervisor, shall determine the level of nursing services and number of selected and trained personnel necessary to ensure that a nurse or selected and trained personnel is present on the grounds of each school during regular school hours.

(b) If the school nurse, or a substitute school nurse, is absent or must leave school grounds during regular school hours, the school nurse, school administrator or designee shall use an effective and reasonable means of communication to notify one or more qualified school employees and other staff in the school that the selected and trained personnel identified in Paragraph (6) above shall be responsible for the emergency administration of opioid antagonists.

(c) If a Board employee becomes aware of a student experiencing a known or suspected opioid overdose on school grounds but outside of regular school hours and opioid antagonists and/or the school nurse or other qualified school employee is not available to administer opioid antagonists for the purpose of emergency first aid, the Board employee will call 9-1-1.

(8) The administration of opioid antagonists pursuant to this policy must be effected in accordance with this policy and procedures regarding the acquisition, maintenance, and administration established by the Superintendent in consultation with the Board's medical advisor.

(9) The parent or guardian of any student may submit, in writing, to the school nurse or school medical advisor, if any, that opioid antagonists shall not be administered to such student pursuant to this section.

(a) The school nurse shall notify selected and trained personnel of the students whose parents or guardians have refused emergency administration of opioid antagonists.

(b) The Board shall annually notify parents or guardians of the need to provide such written notice of refusal.

(10) Following the emergency administration of an opioid antagonist by a school nurse or selected and trained personnel as identified in this section:

(a) Immediately following the emergency administration of an opioid antagonist by a school nurse or selected and trained personnel as identified in this section, the person administering the opioid antagonist must call 9-1-1.

(b) Such emergency administration shall be reported immediately to:

(i) The school nurse or school medical advisor, if any, by the personnel who administered the opioid antagonist;

(ii) The Superintendent of Schools; and

(iii) The student's parent or guardian.

(c) A medication administration record shall be:

(i) Created by the school nurse or submitted to the school nurse by the personnel who administered the opioid antagonist, as soon as possible, but no later than the next school day; and

(ii) filed in or summarized on the student's cumulative health record, in accordance with Section F of this policy.

(11) In the event that any provisions of this Section E conflict with regulations adopted by the Connecticut State Department of Education concerning the use, storage and administration of opioid antagonists in schools, the Department's regulations shall control.

F. Documentation and Record Keeping

(1) Each school or before-and-after school program and school readiness program where medications are administered shall maintain an individual medication administration record for each student who receives medication during school or program hours. This record shall include the following information:

(a) the name of the student;
(b) the student's state-assigned student identifier (SASID);
(c) the name of the medication;
(d) the dosage of the medication;
(e) the route of the administration, (e.g., oral, topical, inhalant, etc.);
(f) the frequency of administration;
(g) the name of the authorized prescriber;
(h) the dates for initiating and terminating the administration of medication, including extended-year programs;
(i) the quantity received at school and verification by the adult delivering the medication of the quantity received;
(j) the date the medication is to be reordered (if any);
(k) any student allergies to food and/or medication(s);
(l) the date and time of each administration or omission, including the reason for any omission;
(m) the dose or amount of each medication administered;
(n) the full written or electronic legal signature of the nurse or other authorized school personnel administering the medication; and
(o) for controlled medications, a medication count which should be conducted and documented at least once a week and co-signed by the assigned nurse and a witness.

(2) All records are either to be made in ink and shall not be altered, or recorded electronically in a record that cannot be altered.

(3) Written orders of authorized prescribers, written authorizations of a parent or guardian, the written parental permission for the exchange of information by the prescriber and school nurse to ensure safe administration of such medication, and the completed medication administration record for each student shall be filed in the student's

cumulative health record or, for before or after school programs and school readiness programs, in the student's program record.

(4) Authorized prescribers may make verbal orders, including telephone orders, for a *change* in medication order. Such verbal orders may be received only by a school nurse and must be followed by a written order, which may be faxed, and must be received within three (3) school days.

(5) Medication administration records will be made available to the Department of Education for review until destroyed pursuant to Section 11-8a and Section 10-212a(b) of the Connecticut General Statutes.

(a) The completed medication administration record for non-controlled medications may, at the discretion of the school district, be destroyed in accordance with Section M8 of the Connecticut Record Retention Schedules for Municipalities upon receipt of a signed approval form (RC-075) from the Office of the Public Records Administrator, so long as such record is superseded by a summary on the student health record.

(b) The completed medication administration record for controlled medications shall be maintained in the same manner as the non-controlled medications. In addition, a separate medication administration record needs to be maintained in the school for three (3) years pursuant to Section 10-212a(b) of the Connecticut General Statutes.

(6) Documentation of any administration of medication by a coach or licensed athletic trainer shall be completed on forms provided by the school and the following procedures shall be followed:

(a) a medication administration record for each student shall be maintained in the athletic offices;

(b) administration of a cartridge injector medication shall be reported to the school nurse at the earliest possible time, but no later than the next school day;

(c) all instances of medication administration, except for the administration of cartridge injector medication, shall be reported to the school nurse at least monthly, or as frequently as required by the individual student plan; and

(d) the administration of medication record must be submitted to the school nurse at the end of each sport season and filed in the student's cumulative health record.

G. Errors in Medication Administration

(1) Whenever any error in medication administration occurs, the following procedures shall apply:

(a) the person making the error in medication administration shall immediately implement the medication emergency procedures in this policy if necessary;

(b) the person making the error in medication administration shall in all cases immediately notify the school nurse, principal, school nurse supervisor, and authorized prescriber. The person making the error, in conjunction with the principal, shall also immediately notify the parent or guardian, advising of the nature of the error and all steps taken or being taken to rectify the error, including contact with the authorized prescriber and/or any other medical action(s); and

(c) the principal shall notify the Superintendent or the Superintendent's designee.

(2) The school nurse, along with the person making the error, shall complete a report using the authorized medication error report form. The report shall include any corrective action taken.

(3) Any error in the administration of medication shall be documented in the student's cumulative health record or, for before or after school programs and school readiness programs, in the student's program record.

(4) These same procedures shall apply to coaches and licensed athletic trainers during intramural and interscholastic events, except that if the school nurse is not available, a report must be submitted by the coach or licensed athletic trainer to the school nurse the next school day.

H. Medication Emergency Procedures

(1) Whenever a student has a life-threatening reaction to administration of a medication, resolution of the reaction to protect the student's health and safety shall be the foremost priority. The school nurse and the

authorized prescriber shall be notified immediately, or as soon as possible in light of any emergency medical care that must be given to the student.

(2) Emergency medical care to resolve a medication emergency includes but is not limited to the following, as appropriate under the circumstances:

(a) use of the 911 emergency response system;
(b) application by properly trained and/or certified personnel of appropriate emergency medical care techniques, such as cardio-pulmonary resuscitation;
(c) administration of emergency medication in accordance with this policy;
(d) contact with a poison control center; and
(e) transporting the student to the nearest available emergency medical care facility that is capable of responding to a medication emergency.

(3) As soon as possible, in light of the circumstances, the principal shall be notified of the medication emergency. The principal shall immediately thereafter contact the Superintendent or the Superintendent's designee, who shall thereafter notify the parent or guardian, advising of the existence and nature of the medication emergency and all steps taken or being taken to resolve the emergency and protect the health and safety of the student, including contact with the authorized prescriber and/or any other medical action(s) that are being or have been taken.

I. Supervision

(1) The school nurse is responsible for general supervision of administration of medications in the school(s) to which that nurse is assigned.

(2) The school nurse's duty of general supervision includes, but is not limited to, the following:

(a) availability on a regularly scheduled basis to:

(i) review orders or changes in orders and communicate these to personnel designated to give medication for appropriate follow-up;

(ii) set up a plan and schedule to ensure medications are given properly;

(iii) provide training to licensed nursing personnel, full-time principals, full-time teachers, full-time licensed physical or occupational therapists employed by the school district, coaches of intramural and interscholastic athletics, licensed athletic trainers and identified paraprofessionals designated in accordance with Section B(3)(g), above, which training shall pertain to the administration of medications to students, and assess the competency of these individuals to administer medication;

(iv) support and assist other licensed nursing personnel, full-time principals, full-time teachers, full-time licensed physical or occupational therapists employed by the school district, coaches of intramural and/or interscholastic athletics, licensed athletic trainers and identified paraprofessionals designated in accordance with Section B(3)(g), above, to prepare for and implement their responsibilities related to the administration of specific medications during school hours and during intramural and interscholastic athletics as provided by this policy;

(v) provide appropriate follow-up to ensure the administration of medication plan results in desired student outcomes, including providing proper notification to appropriate employees or contractors regarding the contents of such medical plans; and

(vi) provide consultation by telephone or other means of telecommunications, which consultation may be provided by an authorized prescriber or other nurse in the absence of the school nurse.

(b) In addition, the school nurse shall be responsible for:

(i) implementing policies and procedures regarding the receipt, storage, and administration of medications;

(ii) reviewing, on a periodic basis, all documentation pertaining to the administration of medications for students;

(iii) performing observations of the competency of medication administration by full-time principals, full-time teachers, full-time licensed physical or occupational therapists employed by the school district, coaches of intramural

and/or interscholastic athletics and licensed athletic trainers in accordance with Section B(3)(f), above, and identified paraprofessionals designated in accordance with Section B(3)(g), above, who have been newly trained to administer medications; and,

(iv) conducting periodic reviews, as needed, with licensed nursing personnel, full-time principals, full-time teachers, full-time licensed physical or occupational therapists employed by the school district, coaches of intramural and/or interscholastic athletics and licensed athletic trainers in accordance with Section B(3)(f), above, and identified paraprofessionals designated in accordance with Section B(3)(g), above, regarding the needs of any student receiving medication.

J. Training of School Personnel

(1) Full-time principals, full-time teachers, full-time licensed physical or occupational therapists employed by the school district, coaches of intramural and/or interscholastic athletics and licensed athletic trainers in accordance with Section B(3)(f), above, and identified paraprofessionals designated in accordance with Section B(3)(g), above, who are designated to administer medications shall at least annually receive training in their safe administration, and only trained full-time principals, full-time teachers, full-time licensed physical or occupational therapists employed by the school district, coaches of intramural and/or interscholastic athletics and licensed athletic trainers in accordance with Section B(3)(f), above, and identified paraprofessionals designated in accordance with Section B(3)(g), above, shall be allowed to administer medications.

(2) Training for full-time principals, full-time teachers, full-time licensed physical or occupational therapists employed by the school district, coaches of intramural and/or interscholastic athletics and licensed athletic trainers in accordance with Section B(3)(f), above, and identified paraprofessionals designated in accordance with Section B(3)(g), above, shall include, but is not necessarily limited to, the following:

(a) the general principles of safe administration of medication;

(b) the procedures for administration of medications, including the safe handling and storage of medications, and the required record-keeping; and

(c) specific information related to each student's medication plan, including the name and generic name of the medication, indications for medication dosage, routes, time and frequency of administration, therapeutic effects of the medication, potential side effects, overdose or missed doses of the medication, and when to implement emergency interventions.

(3) The principal(s), teacher(s), licensed athletic trainer(s), licensed physical or occupational therapist(s) employed by the Board, coach(es) and/or school paraprofessional(s) who administer epinephrine as emergency first aid, pursuant to Section D above, shall annually complete the training program developed by the Departments of Education and Public Health and training in cardiopulmonary resuscitation and first aid.

(4) The principal(s), teacher(s), licensed athletic trainer(s), licensed physical or occupational therapist(s), coach(es) and/or school paraprofessional(s) who administer opioid antagonists as emergency first aid, pursuant to Section E above, shall annually complete a training program in the distribution and administration of an opioid antagonist (1) developed by the State Department of Education, Department of Consumer Protection, and Department of Public Health, or (2) under a local agreement, entered into by the Board on July 1, 2022 or thereafter, with a prescriber or pharmacist for the administration of opioid antagonists for the purpose of emergency first aid, which training shall also address the Board's opioid antagonist storage, handling, labeling, recalls, and record keeping.]

(5) The Board shall maintain documentation of medication administration training as follows:

(a) dates of general and student-specific trainings;

(b) content of the trainings;

(c) individuals who have successfully completed general and student-specific administration of medication training for the current school year; and

(d) names and credentials of the nurse or school medical advisor, if any, trainer or trainers.

(6) Licensed practical nurses may not conduct training in the administration of medication to another individual.

K. Handling, Storage and Disposal of Medications

(1) All medications, except those approved for transporting by students for self-medication, those administered by coaches of intramural or interscholastic athletics or licensed athletic trainers in accordance with Section B(3)(f) above, and epinephrine or naloxone to be used for emergency first aid in accordance with Sections D and E above, must be delivered by the parent, guardian, or other responsible adult to the nurse assigned to the student's school or, in the absence of such nurse, the school principal who has been trained in the appropriate administration of medication. Medications administered by coaches of intramural or interscholastic athletics or licensed athletic trainers must be delivered by the parent or guardian directly to the coach or licensed athletic trainer in accordance with Section B(3)(f) above.

(2) The nurse shall examine on-site any new medication, medication order and the required authorization to administer form, and, except for epinephrine and naloxone to be used as emergency first aid in accordance with Sections D and E above, shall develop a medication administration plan for the student before any medication is given to the student by any school personnel. No medication shall be stored at a school without a current written order from an authorized prescriber.

(3) The school nurse shall review all medication refills with the medication order and parent authorization prior to the administration of medication, except for epinephrine and naloxone intended for emergency first aid in accordance with Sections D and E above.

(4) Emergency Medications

(a) Except as otherwise determined by a student's emergency care plan, emergency medications shall be stored in an unlocked, clearly labeled and readily accessible cabinet or container in the health room during school hours under the general supervision of the school nurse or, in the absence of the school nurse, the principal or the principal's designee who has been trained in the administration of medication.

(b) Emergency medication shall be locked beyond the regular school day or program hours, except as otherwise determined by a student's emergency care plan.

(5) All medications, except those approved for keeping by students for self-medication, shall be kept in a designated and locked location used exclusively for the storage of medication. Controlled substances shall be

stored separately from other drugs and substances in a separate, secure, substantially constructed, locked metal or wood cabinet.

(6) Access to stored medications shall be limited to persons authorized to administer medications. Each school or before or after school program and school readiness program shall maintain a current list of such authorized persons.

(7) All medications, prescription and non-prescription, shall be delivered and stored in their original containers and in such a manner that renders them safe and effective.

(8) At least two sets of keys for the medication containers or cabinets shall be maintained for each school building or before or after school program and school readiness program. One set of keys shall be maintained under the direct control of the school nurse or nurses and an additional set shall be under the direct control of the principal and, if necessary, the program director or lead teacher who has been trained in the general principles of the administration of medication shall also have a set of keys.

(9) Medications that must be refrigerated shall be stored in a refrigerator at no less than 36 degrees Fahrenheit and no more than 46 degrees Fahrenheit. The refrigerator must be located in the health office that is maintained for health services with limited access. Non-controlled medications may be stored directly on the refrigerator shelf with no further protection needed. Controlled medication shall be stored in a locked box that is affixed to the refrigerator shelf.

(10) All unused, discontinued or obsolete medications shall be removed from storage areas and either returned to the parent or guardian or, if the medication cannot be returned to the parent or guardian, the medication shall be destroyed in collaboration with the school nurse:

(a) non-controlled drugs shall be destroyed in the presence of at least one witness;

(b) controlled drugs shall be destroyed in pursuant to Section 21a-262-3 of the Regulations of Connecticut State Agencies; and

(c) accidental destruction or loss of controlled drugs must be verified in the presence of a second person, including confirmation of the presence or absence of residue, and jointly documented on the student medication administration record and on a medication error form pursuant to Section 10-212a(b) of the Connecticut

General Statutes. If no residue is present, notification must be made to the Department of Consumer Protection pursuant to Section 21a-262-3 of the Regulations of Connecticut State Agencies.

(11) Medications to be administered by coaches of intramural or interscholastic athletic events or licensed athletic trainers shall be stored:

(a) in containers for the exclusive use of holding medications;

(b) in locations that preserve the integrity of the medication;

(c) under the general supervision of the coach or licensed athletic trainer trained in the administration of medication; and

(d) in a locked secured cabinet when not under the general supervision of the coach or licensed athletic trainer during intramural or interscholastic athletic events.

(12) In no event shall a school store more than a three (3) month supply of a medication for a student.

L. School Readiness Programs and Before or After School Programs

(1) As determined by the school medical advisor, if any, and school nurse supervisor, the following procedures shall apply to the administration of medication during school readiness programs and before or after school programs run by the Board, which are exempt from licensure by the Office of Early Childhood:

(a) Administration of medication at these programs shall be provided only when it is medically necessary for participants to access the program and maintain their health status while attending the program.

(b) Except as provided by Sections D and E above, no medication shall be administered in these programs without:

(i) the written order of an authorized prescriber; and

(ii) the written authorization of a parent or guardian or an eligible student.

(c) A school nurse shall provide consultation to the program director, lead teacher or school administrator who has been trained in the

administration of medication regarding the safe administration of medication within these programs. The school medical advisor and school nurse supervisor shall determine whether, based on the population of the school readiness program and/or before or after school program, additional nursing services are required for these programs.

(d) Only school nurses, directors or directors' designees, lead teachers or school administrators who have been properly trained may administer medications to students as delegated by the school nurse or other registered nurse. Properly trained directors or directors' designees, lead teachers or school administrators may administer oral, topical, intranasal or inhalant medications. Investigational drugs or research or study medications may not be administered in these programs.

(e) Students attending these programs may be permitted to self-medicate only in accordance with the provisions of Section B(3) of this policy. In such a case, the school nurse must provide the program director, lead teacher or school administrator running the program with the medication order and parent permission for self-administration.

(f) In the absence of the school nurse during program administration, the program director, lead teacher or school administrator is responsible for decision-making regarding medication administration.

(g) Cartridge injector medications may be administered by a director, lead teacher or school administrator only to a student with a medically-diagnosed allergic condition which may require prompt treatment to protect the student against serious harm or death.

(2) Local poison control center information shall be readily available at these programs.

(3) Procedures for medication emergencies or medication errors, as outlined in this policy, must be followed, except that in the event of a medication error a report must be submitted by the program director, lead teacher or school administrator to the school nurse the next school day.

(4) Training for directors or directors' designees, lead teachers or school administrators in the administration of medication shall be provided in accordance with Section J of this policy.

(5) All medications must be handled and stored in accordance with Section K of this policy. Where possible, a separate supply of medication shall be stored at the site of the before or after or school readiness program. In the event that it is not possible for the parent or guardian to provide a separate supply of medication, then a plan shall be in place to ensure the timely transfer of the medication from the school to the program and back on a daily basis.

(6) Documentation of any administration of medication shall be completed on forms provided by the school and the following procedures shall be followed:

(a) a medication administration record for each student shall be maintained by the program;

(b) administration of a cartridge injector medication shall be reported to the school nurse at the earliest possible time, but no later than the next school day;

(c) all instances of medication administration, except for the administration of cartridge injector medication, shall be reported to the school nurse at least monthly, or as frequently as required by the individual student plan; and

(d) the administration of medication record must be submitted to the school nurse at the end of each school year and filed in the student's cumulative health record.

(7) The procedures for the administration of medication at school readiness programs and before or after school programs shall be reviewed annually by the school medical advisor, if any, and school nurse supervisor.

M. Review and Revision of Policy

In accordance with the provisions of Conn. Gen. Stat. Section 10-212a(a)(2) and Section 10-212a-2 of the Regulations of Connecticut State Agencies, the Board shall review this policy periodically, and at least biennially, with the advice and approval of the school medical advisor, if any, or other qualified licensed physician. Any proposed revisions to the policy must be made with the advice and approval of the school medical advisor, Director of Health Services or other qualified licensed physician.

Legal References:

Connecticut General Statutes:

Public Act No. 23-52, "An Act Concerning The Department of Consumer Protections Recommendations Regarding Prescription Drug Regulation""
Section 10-206
Section 10-212
Section 10-212a
Section 10-212c
Section 10-220j
Section 14-276b
Section 19a-900
Section 21a-240
Section 52-557b

Regulations of Conn. State Agencies:
Sections 10-212a-1 through 10-212a-10, inclusive

Memorandum of Decision, In Re: Declaratory Ruling/Delegation by Licensed Nurses to Unlicensed Assistive Personnel, Connecticut State Board of Examiners for Nursing (April 5, 1995)

Storage and Administration of Opioid Antagonists in Schools: Guidelines for Local and Regional Boards of Education, Connecticut State Department of Education (October 1, 2022)

ADOPTED: 10-19-2022
REVISED:

9/27/2023

REFUSAL TO PERMIT ADMINISTRATION OF EPINEPHRINE
FOR EMERGENCY FIRST AID

Name of Student:_____ Date of Birth:_____

Address of Student:

_____

Name of Parent(s):_____

Address of Parent(s):_____
(if different from child)

Connecticut law requires the school nurse and other qualified school personnel in all public schools to maintain epinephrine in cartridge injectors (EpiPens) for the purpose of administering emergency first aid to students who experience allergic reactions and do not have a prior written authorization of a parent or guardian or a prior written order of a qualified medical professional for the administration of epinephrine. State law permits the parent or guardian of a student to submit a written directive to the **school nurse or school medical advisor** that epinephrine shall not be administered to such student in emergency situations. This form is provided for those parents who refuse to have epinephrine administered to their child. The refusal is valid for only for the 20__-20__ school year.

I, _____, the parent/guardian of _____,
Print name of parent/guardian Print name of student
refuse to permit the administration of epinephrine to the above named student for purposes of emergency first aid in the case of an allergic reaction.

_____ _____
Signature of Parent/Guardian Date

Please return the completed original form to your child's school nurse or BPS school medical advisor, Dr. Richard Young at Branford Public Schools, 185 Damascus Road, Branford, CT 06405.

9/27/2023

REFUSAL TO PERMIT ADMINISTRATION
OF OPIOID ANTAGONISTS FOR EMERGENCY FIRST AID

Name of Student:_____ Date of Birth:_____

Address of Student:

_____

Name of Parent(s):_____

Address of Parent(s):_____
(if different from child)

Connecticut law authorizes the school nurse and other qualified school personnel in all public schools to maintain opioid antagonists (Narcan) for the purpose of administering emergency first aid to students who experience an opioid-related drug overdose and do not have a prior written authorization of a parent or guardian or a prior written order of a qualified medical professional for the administration of opioid antagonists. State law permits the parent or guardian of a student to submit a written directive to the **school nurse or school medical advisor** that opioid antagonists shall not be administered to such student in emergency situations. **This form is provided for those parents who refuse to have opioid antagonists administered to their child.** The refusal is valid for only for the 20__-20__ school year.

I, _____, the parent/guardian of _____,
Print name of parent/guardian Print name of student
refuse to permit the administration of opioid antagonists to the above named student for purposes of emergency first aid in the case of an opioid-related drug overdose.

_____ _____
Signature of Parent/Guardian Date

Please return the completed original form to your child's school nurse or BPS school medical advisor, Dr. Richard Young at Branford Public Schools, 185 Damascus Road, Branford, CT 06405.

9/27/2023

ADMINISTRATION OF STUDENT MEDICATIONS IN THE SCHOOLS

A. Definitions

Administration of medication means any one of the following activities: handling, storing, preparing or pouring of medication; conveying it to the student according to the medication order; observing the student inhale, apply, swallow, or self-inject the medication, when applicable; documenting that the medication was administered; and counting remaining doses to verify proper administration and use of the medication.

Authorized prescriber means a physician, dentist, optometrist, advanced practice registered nurse or physician assistant, and, for interscholastic and intramural athletic events only, a podiatrist.

Before or after school program means any child care program operated and administered by the Branford Board of Education (the "Board") and exempt from licensure by the Office of Early Childhood pursuant to subdivision (1) of subsection (b) of Section 19a-77 of the Connecticut General Statutes. Such programs do not include public or private entities licensed by the Office of Early Childhood or Board enhancement programs and extra-curricular activities.

Cartridge injector means an automatic prefilled cartridge injector or similar automatic injectable equipment used to deliver epinephrine in a standard dose for emergency first aid response to allergic reactions.

Coach means any person holding a coaching permit who is hired by the Board to coach for a sport season.

Controlled drugs means those drugs as defined in Conn. Gen. Stat. Section 21a-240.

Cumulative health record means the cumulative health record of a pupil mandated by Conn. Gen. Stat. Section 10-206.

Director means the person responsible for the day-to-day operations of any school readiness program or before-or-after school program.

Eligible student means a student who has reached the age of eighteen or is an emancipated minor.

Error means:

(1) the failure to do any of the following as ordered:

(a) administer a medication to a student;
(b) administer medication within the time designated by the prescribing physician;
(c) administer the specific medication prescribed for a student;
(d) administer the correct dosage of medication;
(e) administer medication by the proper route;
(f) administer the medication according to generally accepted standards of practice; or
(g) failure to document after a medication is given

(2) the administration of medication to a student which is not ordered, or which is not authorized in writing by the parent or guardian of such student, except for the administration of epinephrine or naloxone for the purpose of emergency first aid as set forth in Sections D and E below.

Guardian means one who has the authority and obligations of guardianship of the person of a minor, and includes: (1) the obligation of care and control; and (2) the authority to make major decisions affecting the minor's welfare, including, but not limited to, consent determinations regarding marriage, enlistment in the armed forces and major medical, psychiatric or surgical treatment.

Intramural athletic events means tryouts, competition, practice, drills, and transportation to and from events that are within the bounds of a school district for the purpose of providing an opportunity for students to participate in physical activities and athletic contests that extend beyond the scope of the physical education program.

Interscholastic athletic events means events between or among schools for the purpose of providing an opportunity for students to participate in competitive contests that are highly organized and extend beyond the scope of intramural programs and includes tryouts, competition, practice, drills and transportation to and from such events.

Investigational drug means any medication with an approved investigational new drug (IND) application on file with the Food and Drug Administration (FDA), which is being scientifically tested and clinically evaluated to determine its efficacy, safety and side effects and which has not yet received FDA approval.

Licensed athletic trainer means a licensed athletic trainer employed by the school district pursuant to Chapter 375a of the Connecticut General Statutes.

Medication means any medicinal preparation, both prescription and non-prescription, over-the-counter medication, including controlled drugs, as defined in Conn. Gen. Stat. Section 21a-240. This definition includes Aspirin, Ibuprofen or Aspirin substitutes containing Acetaminophen.

Medication emergency means a life-threatening reaction of a student to a medication.

Medication plan means a documented plan established by the school nurse in conjunction with the parent and student regarding the administration of medication in school. Such plan may be a stand-alone plan, part of an individualized health care plan, an emergency care plan or a medication administration form.

Medication order means the authorization by an authorized prescriber for the administration of medication to a student which shall include the name of the student, the name and generic name of the medication, the dosage of the medication, the route of administration, the time of administration, the frequency of administration, the indications for medication, any potential side effects including overdose or missed dose of the medication, the start and termination dates not to exceed a 12-month period, and the written signature of the prescriber.

Nurse means an advanced practice registered nurse, a registered nurse or a practical nurse licensed in Connecticut in accordance with Chapter 378, Conn. Gen. Stat.

Occupational therapist means an occupational therapist employed full time by the Board and licensed in Connecticut pursuant to Chapter 376a of the Connecticut General Statutes.

Optometrist means an optometrist licensed to provide optometry pursuant to Chapter 380 of the Connecticut General Statutes.

Paraprofessional means a health care aide or assistant or an instructional aide or assistant employed by the Board who meets the requirements of the Board for employment as a health care aide or assistant or instructional aide or assistant.

Physical therapist means a physical therapist employed full time by the Board and licensed in Connecticut pursuant to Chapter 376 of the Connecticut General Statutes.

Physician means a doctor of medicine or osteopathy licensed to practice medicine in Connecticut pursuant to Chapter 370 of the Connecticut General Statutes, or licensed to practice medicine in another state.

Podiatrist means an individual licensed to practice podiatry in Connecticut pursuant to Chapter 375 of the Connecticut General Statutes.

Principal means the administrator in the school.

Research or study medications means FDA-approved medications being administered according to an approved study protocol. A copy of the study protocol shall be provided to the school nurse along with the name of the medication to be administered and the acceptable range of dose of such medication to be administered.

School means any educational facility or program which is under the jurisdiction of the Board excluding extracurricular activities.

School nurse means a nurse appointed in accordance with Conn. Gen. Stat. Section 10-212.

School nurse supervisor means the nurse designated by the Board as the supervisor or, if no designation has been made by the Board, the lead or coordinating nurse assigned by the Board.

School readiness program means a program that receives funds from the State Department of Education for a school readiness program pursuant to subsection (b) of Section 10-16p of the Connecticut General Statutes and exempt from licensure by the Office of Early Childhood pursuant to subdivision (1) of subsection (b) of Section 19a-77 of the Connecticut General Statutes.

Self-administration of medication means the control of the medication by the student at all times and is self-managed by the student according to the individual medication plan.

Teacher means a person employed full time by the Board who has met the minimum standards as established by the Board for performance as a teacher and has been approved by the school medical advisor and school nurse to be designated to administer medications pursuant to the Regulations of Connecticut State Agencies Sections 10-212a-1 through 10-212a-7.

B. General Policies on Administration of Medications

(1) Except as provided below in Sections D and E, no medication, including non-prescription drugs, may be administered by any school personnel without:

(a) the written medication order of an authorized prescriber;
(b) the written authorization of the student's parent or guardian or eligible student; and
(c) the written permission of a parent for the exchange of information between the prescriber and the school nurse necessary to ensure safe administration of such medication.

(2) Prescribed medications shall be administered to and taken by only the person for whom the prescription has been written.

(3) Except as provided in Sections D and E, medications may be administered only by a licensed nurse or, in the absence of a licensed nurse, by:

(a) a full-time principal, a full-time teacher, or a full-time licensed physical or occupational therapist employed by the school district. A full-time principal, teacher, licensed physical or occupational therapist employed by the school district may administer oral, topical, intranasal or inhalant medications after proper training on medication administration. Such individuals may administer injectable medications only to a student with a medically diagnosed allergic condition that may require prompt treatment to protect the student against serious harm or death.

(b) students with chronic medical conditions who are able to possess, self-administer, or possess and self-administer medication, provided all of the following conditions are met:

(i) an authorized prescriber provides a written medication order, including the recommendation for possession, self-administration, or possession and self-administration;

(ii) there is a written authorization for possession, self-administration, or possession and self-administration from the student's parent or guardian or eligible student;

(iii) the school nurse has developed a plan for possession, self-administration, or possession and self-administration,

and general supervision, and has documented the plan in the student's cumulative health record;

(iv) the school nurse has assessed the student's competency for self-administration and deemed it safe and appropriate, including that the student: is capable of identifying and selecting the appropriate medication by size, color, amount or other label identification; knows the frequency and time of day for which the medication is ordered; can identify the presenting symptoms that require medication; administers the medication appropriately; maintains safe control of the medication at all times; seeks adult supervision whenever warranted; and cooperates with the established medication plan;

(v) the principal, appropriate teachers, coaches and other appropriate school personnel are informed the student is possessing, self-administering, or possessing and self-administering prescribed medication;

(vi) such medication is transported to school and maintained under the student's control in accordance with this policy; and

(vii) controlled drugs, as defined in this policy, may not be possessed or self-administered by students, except in extraordinary situations, such as international field trips, with approval of the school nurse supervisor and the school medical advisor in advance and development of an appropriate plan.

(c) a student diagnosed with asthma who is able to self-administer medication shall be permitted to retain possession of an asthmatic inhaler at all times while attending school, in order to provide for prompt treatment to protect such student~~child~~ against serious harm or death, provided all of the following conditions are met:

(i) an authorized prescriber provides a written order requiring the possession of an inhaler by the student at all times in order to provide for prompt treatment in order to protect the student~~child~~ against serious harm or death and authorizing the student's self-administration of medication, and such written order is provided to the school nurse;

(ii) there is a written authorization from the student's parent or guardian regarding the possession of an inhaler by the student at all times in order to protect the student~~child~~ against serious harm or death and authorizing the student's self-administration of medication, and such written authorization is provided to the school nurse;

(iii) the conditions set forth in subsection (b) above have been met, except that the school nurse's review of a student's competency to self-administer an inhaler for asthma in the school setting shall not be used to prevent a student from retaining and self-administering an inhaler for asthma. Students may self-administer medication with only the written authorization of an authorized prescriber and written authorization from the student's parent or guardian or eligible student; and

(iv) the conditions for self-administration meet any regulations as may be imposed by the State Board of Education in consultation with the Commissioner of Public Health.

(d) a student diagnosed with an allergic condition who is able to self-administer medication shall be permitted to retain possession of a cartridge injector at all times while attending school, in order to provide for prompt treatment to protect such student~~child~~ against serious harm or death, provided all of the following conditions are met:

(i) an authorized prescriber provides a written order requiring the possession of a cartridge injector by the student at all times in order to provide for prompt treatment in order to protect the student~~child~~ against serious harm or death and authorizing the student's possession, self-administration, or possession and self-administration of medication, and such written order is provided to the school nurse;

(ii) there is a written authorization from the student's parent or guardian regarding the possession of a cartridge injector by the student at all times in order to protect the student~~child~~ against serious harm or death and authorizing the student's possession, self-administration, or possession and self-administration of medication, and such written authorization is provided to the school nurse;

(iii) the conditions set forth in subsection (b) above have been met, except that the school nurse's review of a student's competency to self-administer cartridge injectors for medically-diagnosed allergies in the school setting shall not be used to prevent a student from retaining and self-administering a cartridge injector for medically-diagnosed allergies. Students may self-administer medication with only the written authorization of an authorized prescriber and written authorization from the student's parent or guardian or eligible student; and

(iv) the conditions for self-administration meet any regulations as may be imposed by the State Board of Education in consultation with the Commissioner of Public Health.

(e) a student with a medically diagnosed life-threatening allergic condition may possess, self-administer, or possess and self-administer medication, including but not limited to medication administered with a cartridge injector, to protect the student against serious harm or death, provided the following conditions are met:

(i) the parent or guardian of the student has provided written authorization for the student to possess, self-administer, or possess and self-administer such medication; and

(ii) a qualified medical professional has provided a written order for the possession, self-administration, or possession and self-administration.

(f) a coach of intramural or interscholastic athletic events or licensed athletic trainer who has been trained in the administration of medication, during intramural or interscholastic athletic events, may administer inhalant medications prescribed to treat respiratory conditions and/or medication administered with a cartridge injector for students with medically diagnosed allergic conditions which may require prompt treatment to protect the student against serious harm or death, provided all of the following conditions are met:

(i) the school nurse has determined that a self-administration plan is not viable;

(ii) the school nurse has provided to the coach a copy of the authorized prescriber's order and parental permission form;

(iii) the parent/guardian has provided the coach or licensed athletic trainer with the medication in accordance with Section K of this policy, and such medication is separate from the medication stored in the school health office for use during the school day; and

(iv) the coach or licensed athletic trainer agrees to the administration of emergency medication and implements the emergency care plan, identified in Section H of this policy, when appropriate.

(g) an identified school paraprofessional who has been trained in the administration of medication, provided medication is administered only to a specific student in order to protect that student from harm or death due to a medically diagnosed allergic condition, and the following additional conditions are met:

(i) there is written authorization from the student's parents/guardian to administer the medication in school;

(ii) medication is administered pursuant to the written order of (A) a physician licensed under chapter 370 of the Connecticut General Statutes, (B) an optometrist licensed to practice optometry under chapter 380 of the Connecticut General Statutes, (C) an advanced practice registered nurse licensed to prescribe in accordance with section 20-94a of the Connecticut General Statutes, or (D) a physician assistant licensed to prescribe in accordance with section 20-12d of the Connecticut General Statutes;

(iii) medication is administered only with approval by the school nurse and school medical advisor, if any, in conjunction with the school nurse supervisor and under the supervision of the school nurse;

(iv) the medication to be administered is limited to medications necessary for prompt treatment of an allergic reaction, including, but not limited to, a cartridge injector; and

(v) the paraprofessional shall have received proper training and supervision from the school nurse in accordance with this policy and state regulations.

(h) a principal, teacher, licensed athletic trainer, licensed physical or occupational therapist employed by the Board, coach or school paraprofessional, provided medication is antiepileptic medication, including by rectal syringe, administered only to a specific student with a medically diagnosed epileptic condition that requires prompt treatment in accordance with the student's individual seizure action plan, and the following additional conditions are met:

(i) there is written authorization from the student's parents/guardians to administer the medication;

(ii) a written order for such administration has been received from the student's physician licensed under Chapter 370 of the Connecticut General Statutes;

(iii) the principal, teacher, licensed athletic trainer, licensed physical or occupational therapist employed by the Board, coach or school paraprofessional is selected by the school nurse and school medical advisor, if any, and voluntarily agrees to administer the medication;

(iv) the principal, teacher, licensed athletic trainer, licensed physical or occupational therapist employed by the Board, coach or school paraprofessional annually completes the training program established by the Connecticut State Department of Education and the Association of School Nurses of Connecticut, and the school nurse and medical advisor, if any, have attested, in writing, that such training has been completed; and

(v) the principal, teacher, licensed athletic trainer, licensed physical or occupational therapist employed by the Board, coach or school paraprofessional receives monthly reviews by the school nurse to confirm competency to administer antiepileptic medication.

(i) a director of a school readiness program or a before or after school program, or the director's designee, provided that the medication is administered:

(i) only to a student~~child~~ enrolled in such program; and

(ii) in accordance with Section L of this policy.

(j) a licensed practical nurse, after the school nurse has established the medication plan, provided that the licensed practical nurse may not train or delegate the administration of medication to another individual, and provided that the licensed practical nurse can demonstrate one of the following:

(i) training in administration of medications as part of their basic nursing program;

(ii) successful completion of a pharmacology course and subsequent supervised experience; or

(iii) supervised experience in the administration of medication while employed in a health care facility.

(4) Medications may also be administered by a parent or guardian to the parent or guardian's own child on school grounds.

(5) Investigational drugs or research or study medications may be administered only by a licensed nurse. For FDA-approved medications being administered according to a study protocol, a copy of the study protocol shall be provided to the school nurse along with the name of the medication to be administered and the acceptable range of dose of such medication to be administered.

C. Students with Diabetes

(1) The Board permits blood glucose testing by students who have a written order from a physician or an advanced practice registered nurse stating the need and capability of such student to conduct self-testing, or the use of continuous blood glucose monitors (CGM) by students~~children~~ diagnosed with Type 1 diabetes, who have a written order from a physician or an advanced practice registered nurse.

(2) The Board will not restrict the time or location of blood glucose testing by a student with diabetes on school grounds who has written authorization from a parent or guardian and a written order from a physician or an advanced practice registered nurse stating that such student~~child~~ is capable of conducting self-testing on school grounds.

(3) The Board will not require a student using a continuous glucose monitor approved by the Food and Drug Administration for use without finger stick verification to undergo finger stick verification of blood glucose readings from a continuous glucose monitor on a routine basis. Finger stick testing of a student~~child~~ using a continuous glucose monitor so approved by the Food and Drug Administration shall only be conducted: (1) as ordered by the student's physician or advanced practice provider; (2) if it appears that the continuous glucose monitor is malfunctioning; or (3) in an urgent medical situation.

(4) The Board shall purchase or use existing equipment owned by the Board to monitor blood glucose alerts transmitted from continuous glucose monitors of students with Type 1 diabetes to dedicated receivers, smartphone/tablet applications, or other appropriate technology on such equipment.

(5) In the absence or unavailability of the school nurse, select school employees may administer medication with injectable equipment used to administer glucagon to a student with diabetes that may require prompt treatment in order to protect the student against serious harm or death, under the following conditions:

(a) The student's parent or guardian has provided written authorization;

(b) A written order for such administration has been received from the student's physician licensed under Chapter 370 of the Connecticut General Statutes;

(c) The school employee is selected by either the school nurse or principal and is a principal, teacher, licensed athletic trainer, licensed physical or occupational therapist employed by a school district, coach or school paraprofessional;

(d) The school nurse shall provide general supervision to the selected school employee;

(e) The selected school employee annually completes any training required by the school nurse and school medical advisor in the administration of medication with injectable equipment used to administer glucagon;

(f) The school nurse and school medical advisor have attested in writing that the selected school employee completed the required training; and

(g) The selected school employee voluntarily agrees to serve as one who may administer medication with injectable equipment used to administer glucagon to a student with diabetes that may require prompt treatment in order to protect the student against serious harm or death.

D. Epinephrine for Purposes of Emergency First Aid Without Prior Authorization

(1) For purposes of this Section D, "regular school hours" means the posted hours during which students are required to be in attendance at the individual school on any given day.

(2) The school nurse shall maintain epinephrine in cartridge injectors for the purpose of emergency first aid to students who experience allergic reactions and do not have prior written authorization of a parent or guardian or a prior written order of a qualified medical professional for the administration of epinephrine.

(a) The school nurse, in consultation with the school nurse supervisor, shall determine the supply of epinephrine in cartridge injectors that shall be available in the individual school.

(b) In determining the appropriate supply of epinephrine in cartridge injectors, the nurse may consider, among other things, the number of students regularly in the school building during the regular school day and the size of the physical building.

(3) The school nurse or school principal shall select principal(s), teacher(s), licensed athletic trainer(s), licensed physical or occupational therapist(s) employed by the Board, coach(es) and/or school paraprofessional(s) to maintain and administer the epinephrine in cartridge injectors for the purpose of emergency first aid as described in Paragraph (2) above, in the absence of the school nurse.

(a) More than one individual must be selected by the school nurse or school principal for such maintenance and administration in the absence of the school nurse.

(b) The selected personnel, before conducting such administration, must annually complete the training made available by the Department of Education for the administration of epinephrine in cartridge injectors for the purpose of emergency first aid.

(c) The selected personnel must voluntarily agree to complete the training and administer epinephrine in cartridge injectors for the purpose of emergency first aid.

(4) Either the school nurse or, in the absence of the school nurse, at least one of the selected and trained personnel as described in Paragraph (3) above shall be on the grounds of each school during regular school hours.

(a) The school principal, in consultation with the school nurse supervisor, shall determine the level of nursing services and number of selected and trained personnel necessary to ensure that a nurse or selected and trained personnel is present on the grounds of each school during regular school hours.

(b) If the school nurse, or a substitute school nurse, is absent or must leave school grounds during regular school hours, the school nurse, school administrator or designee shall use an effective and reasonable means of communication to notify one or more qualified school employees and other staff in the school that the selected and trained personnel identified in Paragraph (3) above shall be responsible for the emergency administration of epinephrine.

(5) The administration of epinephrine pursuant to this section must be done in accordance with this policy, including but not limited to the requirements for documentation and record keeping, errors in medication, emergency medical procedures, and the handling, storage and disposal of medication, and the Regulations adopted by the Department of Education.

(6) The parent or guardian of any student may submit, in writing, to the school nurse or school medical advisor, if any, that epinephrine shall not be administered to such student pursuant to this section.

(a) The school nurse shall notify selected and trained personnel of the students whose parents or guardians have refused emergency administration of epinephrine.

(b) The Board shall annually notify parents or guardians of the need to provide such written notice.

(7) Following the emergency administration of epinephrine by selected and trained personnel as identified in this section:

(a) Such emergency administration shall be reported immediately to:

(i) The school nurse or school medical advisor, if any, by the personnel who administered the epinephrine; and

(ii) The student's parent or guardian, by the school nurse or personnel who administered the epinephrine.

(b) A medication administration record shall be:

(i) Submitted to the school nurse by the personnel who administered the epinephrine as soon as possible, but no later than the next school day; and

(ii) filled in or summarized on the student's cumulative health record, in accordance with the Document and Record Keeping section of this policy.

E. Opioid Antagonists for Purposes of Emergency First Aid Without Prior Authorization

(1) For purposes of this Section E, "regular school hours" means the posted hours during which students are required to be in attendance at the individual school on any given day. "Regular school hours" does not include after-school events such as athletics or extracurricular activities that take place outside the posted hours.

(2) For purposes of this section, an "opioid antagonist" means naloxone hydrochloride (e.g., Narcan) or any other similarly acting and equally safe drug that the FDA has approved for the treatment of a drug overdose.

(3) In accordance with Connecticut law and this policy, a school nurse may maintain opioid antagonists for the purpose of administering emergency first aid to students who experience a known or suspected opioid overdose and do not have a prior written authorization of a parent or guardian or a prior written order of a qualified medical professional for the administration of such opioid antagonist.

(a) The school nurse, in consultation with the Board's medical advisor, shall determine the supply of opioid antagonists that shall be maintained in the individual school.

(b) In determining the appropriate supply of opioid antagonists, the nurse may consider, among other things, the number of students

regularly in the school building during the regular school day and the size of the physical building.

(c) The school nurse shall be responsible for the safe storage of opioid antagonists maintained in a school and shall ensure any supply of opioid antagonists maintained is stored in a secure manner, in accordance with the manufacturer's instructions, and in a location where it can be obtained in a timely manner if administration is necessary.

(d) The school nurse shall be responsible for maintaining an inventory of opioid antagonists maintained in the school, tracking the date(s) of expiration of the supply of opioid antagonists maintained in a school, and, as appropriate, refreshing the supply of opioid antagonists maintained in the school.

(4) The school nurse, in consultation with the Superintendent and the building principal, shall provide notice to parents and guardians of the Board's policies and procedures regarding the emergency administration of opioid antagonists in the event of a known or suspected opioid overdose.

(5) A school nurse shall be approved to administer opioid antagonists for the purpose of emergency first aid, as described in Paragraph (3) above, in the event of a known or suspected opioid overdose, in accordance with this policy and provided that such nurse has completed a training program in the distribution and administration of an opioid antagonist (1) developed by the State Department of Education, Department of Consumer Protection, and Department of Public Health, or (2) under a local agreement, entered into by the Board on July 1, 2022 or thereafter, with a prescriber or pharmacist for the administration of opioid antagonists for the purpose of emergency first aid, which training shall also address the Board's opioid antagonist storage, handling, labeling, recalls, and record keeping.

(6) The school nurse or school principal shall select principal(s), teacher(s), licensed athletic trainer(s), coach(es), school paraprofessional(s), and/or licensed physical or occupational therapist(s) employed by the Board to maintain and administer the opioid antagonists for the purpose of emergency first aid as described in Paragraph (3) above, in the absence of the school nurse.

(a) More than one individual must be selected by the school nurse or school principal for such maintenance and administration in the absence of the school nurse.

(b) The selected personnel, before administering an opioid antagonist pursuant to this section, must complete a training program in the distribution and administration of an opioid antagonist (1) developed by the State Department of Education, Department of Consumer Protection, and Department of Public Health, or (2) under a local agreement, entered into by the Board on July 1, 2022 or thereafter, with a prescriber or pharmacist for the administration of opioid antagonists for the purpose of emergency first aid, which training shall also address the Board's opioid antagonist storage, handling, labeling, recalls, and record keeping.

(c) All school personnel shall be notified of the identity of qualified school employees authorized to administer an opioid antagonist in the absence of the school nurse.

(7) Either the school nurse or, in the absence of the school nurse, at least one of the selected and trained personnel as described in Paragraph (6) above, shall be on the grounds of each school during regular school hours.

(a) The school principal, in consultation with the school nurse supervisor, shall determine the level of nursing services and number of selected and trained personnel necessary to ensure that a nurse or selected and trained personnel is present on the grounds of each school during regular school hours.

(b) If the school nurse, or a substitute school nurse, is absent or must leave school grounds during regular school hours, the school nurse, school administrator or designee shall use an effective and reasonable means of communication to notify one or more qualified school employees and other staff in the school that the selected and trained personnel identified in Paragraph (6) above shall be responsible for the emergency administration of opioid antagonists.

(c) If a Board employee becomes aware of a student experiencing a known or suspected opioid overdose on school grounds but outside of regular school hours and opioid antagonists and/or the school nurse or other qualified school employee is not available to administer opioid antagonists for the purpose of emergency first aid, the Board employee will call 9-1-1.

(8) The administration of opioid antagonists pursuant to this policy must be effected in accordance with this policy and procedures regarding the acquisition, maintenance, and administration established by the Superintendent in consultation with the Board's medical advisor.

(9) The parent or guardian of any student may submit, in writing, to the school nurse or school medical advisor, if any, that opioid antagonists shall not be administered to such student pursuant to this section.

(a) The school nurse shall notify selected and trained personnel of the students whose parents or guardians have refused emergency administration of opioid antagonists.

(b) The Board shall annually notify parents or guardians of the need to provide such written notice of refusal.

(10) Following the emergency administration of an opioid antagonist by a school nurse or selected and trained personnel as identified in this section:

(a) Immediately following the emergency administration of an opioid antagonist by a school nurse or selected and trained personnel as identified in this section, the person administering the opioid antagonist must call 9-1-1.

(b) Such emergency administration shall be reported immediately to:

(i) The school nurse or school medical advisor, if any, by the personnel who administered the opioid antagonist;

(ii) The Superintendent of Schools; and

(iii) The student's parent or guardian.

(c) A medication administration record shall be:

(i) Created by the school nurse or submitted to the school nurse by the personnel who administered the opioid antagonist, as soon as possible, but no later than the next school day; and

(ii) filed in or summarized on the student's cumulative health record, in accordance with Section F of this policy.

(11) In the event that any provisions of this Section E conflict with regulations adopted by the Connecticut State Department of Education concerning the use, storage and administration of opioid antagonists in schools, the Department's regulations shall control.

F. Documentation and Record Keeping

(1) Each school or before-and-after school program and school readiness program where medications are administered shall maintain an individual medication administration record for each student who receives medication during school or program hours. This record shall include the following information:

(a) the name of the student;
(b) the student's state-assigned student identifier (SASID);
(c) the name of the medication;
(d) the dosage of the medication;
(e) the route of the administration, (e.g., oral, topical, inhalant, etc.);
(f) the frequency of administration;
(g) the name of the authorized prescriber;
(h) the dates for initiating and terminating the administration of medication, including extended-year programs;
(i) the quantity received at school and verification by the adult delivering the medication of the quantity received;
(j) the date the medication is to be reordered (if any);
(k) any student allergies to food and/or medication(s);
(l) the date and time of each administration or omission, including the reason for any omission;
(m) the dose or amount of each medication administered;
(n) the full written or electronic legal signature of the nurse or other authorized school personnel administering the medication; and
(o) for controlled medications, a medication count which should be conducted and documented at least once a week and co-signed by the assigned nurse and a witness.

(2) All records are either to be made in ink and shall not be altered, or recorded electronically in a record that cannot be altered.

(3) Written orders of authorized prescribers, written authorizations of a parent or guardian, the written parental permission for the exchange of information by the prescriber and school nurse to ensure safe administration of such medication, and the completed medication administration record for each student shall be filed in the student's

cumulative health record or, for before or after school programs and school readiness programs, in the student's ~~child's~~ program record.

(4) Authorized prescribers may make verbal orders, including telephone orders, for a *change* in medication order. Such verbal orders may be received only by a school nurse and must be followed by a written order, which may be faxed, and must be received within three (3) school days.

(5) Medication administration records will be made available to the Department of Education for review until destroyed pursuant to Section 11-8a and Section 10-212a(b) of the Connecticut General Statutes.

(a) The completed medication administration record for non-controlled medications may, at the discretion of the school district, be destroyed in accordance with Section M8 of the Connecticut Record Retention Schedules for Municipalities upon receipt of a signed approval form (RC-075) from the Office of the Public Records Administrator, so long as such record is superseded by a summary on the student health record.

(b) The completed medication administration record for controlled medications shall be maintained in the same manner as the non-controlled medications. In addition, a separate medication administration record needs to be maintained in the school for three (3) years pursuant to Section 10-212a(b) of the Connecticut General Statutes.

(6) Documentation of any administration of medication by a coach or licensed athletic trainer shall be completed on forms provided by the school and the following procedures shall be followed:

(a) a medication administration record for each student shall be maintained in the athletic offices;

(b) administration of a cartridge injector medication shall be reported to the school nurse at the earliest possible time, but no later than the next school day;

(c) all instances of medication administration, except for the administration of cartridge injector medication, shall be reported to the school nurse at least monthly, or as frequently as required by the individual student plan; and

(d) the administration of medication record must be submitted to the school nurse at the end of each sport season and filed in the student's cumulative health record.

G. Errors in Medication Administration

(1) Whenever any error in medication administration occurs, the following procedures shall apply:

(a) the person making the error in medication administration shall immediately implement the medication emergency procedures in this policy if necessary;

(b) the person making the error in medication administration shall in all cases immediately notify the school nurse, principal, school nurse supervisor, and authorized prescriber. The person making the error, in conjunction with the principal, shall also immediately notify the parent or guardian, advising of the nature of the error and all steps taken or being taken to rectify the error, including contact with the authorized prescriber and/or any other medical action(s); and

(c) the principal shall notify the Superintendent or the Superintendent's designee.

(2) The school nurse, along with the person making the error, shall complete a report using the authorized medication error report form. The report shall include any corrective action taken.

(3) Any error in the administration of medication shall be documented in the student's cumulative health record or, for before or after school programs and school readiness programs, in the student's ~~child's~~ program record.

(4) These same procedures shall apply to coaches and licensed athletic trainers during intramural and interscholastic events, except that if the school nurse is not available, a report must be submitted by the coach or licensed athletic trainer to the school nurse the next school day.

H. Medication Emergency Procedures

(1) Whenever a student has a life-threatening reaction to administration of a medication, resolution of the reaction to protect the student's health and safety shall be the foremost priority. The school nurse and the

authorized prescriber shall be notified immediately, or as soon as possible in light of any emergency medical care that must be given to the student.

(2) Emergency medical care to resolve a medication emergency includes but is not limited to the following, as appropriate under the circumstances:

(a) use of the 911 emergency response system;
(b) application by properly trained and/or certified personnel of appropriate emergency medical care techniques, such as cardio-pulmonary resuscitation;
(c) administration of emergency medication in accordance with this policy;
(d) contact with a poison control center; and
(e) transporting the student to the nearest available emergency medical care facility that is capable of responding to a medication emergency.

(3) As soon as possible, in light of the circumstances, the principal shall be notified of the medication emergency. The principal shall immediately thereafter contact the Superintendent or the Superintendent's designee, who shall thereafter notify the parent or guardian, advising of the existence and nature of the medication emergency and all steps taken or being taken to resolve the emergency and protect the health and safety of the student, including contact with the authorized prescriber and/or any other medical action(s) that are being or have been taken.

I. Supervision

(1) The school nurse is responsible for general supervision of administration of medications in the school(s) to which that nurse is assigned.

(2) The school nurse's duty of general supervision includes, but is not limited to, the following:

(a) availability on a regularly scheduled basis to:

(i) review orders or changes in orders and communicate these to personnel designated to give medication for appropriate follow-up;

(ii) set up a plan and schedule to ensure medications are given properly;

(iii) provide training to licensed nursing personnel, full-time principals, full-time teachers, full-time licensed physical or occupational therapists employed by the school district, coaches of intramural and interscholastic athletics, licensed athletic trainers and identified paraprofessionals designated in accordance with Section B(3)(g), above, which training shall pertain to the administration of medications to students, and assess the competency of these individuals to administer medication;

(iv) support and assist other licensed nursing personnel, full-time principals, full-time teachers, full-time licensed physical or occupational therapists employed by the school district, coaches of intramural and/or interscholastic athletics, licensed athletic trainers and identified paraprofessionals designated in accordance with Section B(3)(g), above, to prepare for and implement their responsibilities related to the administration of specific medications during school hours and during intramural and interscholastic athletics as provided by this policy;

(v) provide appropriate follow-up to ensure the administration of medication plan results in desired student outcomes, including providing proper notification to appropriate employees or contractors regarding the contents of such medical plans; and

(vi) provide consultation by telephone or other means of telecommunications, which consultation may be provided by an authorized prescriber or other nurse in the absence of the school nurse.

(b) In addition, the school nurse shall be responsible for:

(i) implementing policies and procedures regarding the receipt, storage, and administration of medications;

(ii) reviewing, on a periodic basis, all documentation pertaining to the administration of medications for students;

(iii) performing observations of the competency of medication administration by full-time principals, full-time teachers, full-time licensed physical or occupational therapists employed by the school district, coaches of intramural

and/or interscholastic athletics and licensed athletic trainers in accordance with Section B(3)(f), above, and identified paraprofessionals designated in accordance with Section B(3)(g), above, who have been newly trained to administer medications; and,

(iv) conducting periodic reviews, as needed, with licensed nursing personnel, full-time principals, full-time teachers, full-time licensed physical or occupational therapists employed by the school district, coaches of intramural and/or interscholastic athletics and licensed athletic trainers in accordance with Section B(3)(f), above, and identified paraprofessionals designated in accordance with Section B(3)(g), above, regarding the needs of any student receiving medication.

J. Training of School Personnel

(1) Full-time principals, full-time teachers, full-time licensed physical or occupational therapists employed by the school district, coaches of intramural and/or interscholastic athletics and licensed athletic trainers in accordance with Section B(3)(f), above, and identified paraprofessionals designated in accordance with Section B(3)(g), above, who are designated to administer medications shall at least annually receive training in their safe administration, and only trained full-time principals, full-time teachers, full-time licensed physical or occupational therapists employed by the school district, coaches of intramural and/or interscholastic athletics and licensed athletic trainers in accordance with Section B(3)(f), above, and identified paraprofessionals designated in accordance with Section B(3)(g), above, shall be allowed to administer medications.

(2) Training for full-time principals, full-time teachers, full-time licensed physical or occupational therapists employed by the school district, coaches of intramural and/or interscholastic athletics and licensed athletic trainers in accordance with Section B(3)(f), above, and identified paraprofessionals designated in accordance with Section B(3)(g), above, shall include, but is not necessarily limited to, the following:

(a) the general principles of safe administration of medication;

(b) the procedures for administration of medications, including the safe handling and storage of medications, and the required record-keeping; and

(c) specific information related to each student's medication plan, including the name and generic name of the medication, indications for medication dosage, routes, time and frequency of administration, therapeutic effects of the medication, potential side effects, overdose or missed doses of the medication, and when to implement emergency interventions.

(3) The principal(s), teacher(s), licensed athletic trainer(s), licensed physical or occupational therapist(s) employed by the Board, coach(es) and/or school paraprofessional(s) who administer epinephrine as emergency first aid, pursuant to Section D above, shall annually complete the training program developed by the Departments of Education and Public Health and training in cardiopulmonary resuscitation and first aid.

(4) The principal(s), teacher(s), licensed athletic trainer(s), licensed physical or occupational therapist(s), coach(es) and/or school paraprofessional(s) who administer opioid antagonists as emergency first aid, pursuant to Section E above, shall annually complete a training program in the distribution and administration of an opioid antagonist (1) developed by the State Department of Education, Department of Consumer Protection, and Department of Public Health, or (2) under a local agreement, entered into by the Board on July 1, 2022 or thereafter, with a prescriber or pharmacist for the administration of opioid antagonists for the purpose of emergency first aid, which training shall also address the Board's opioid antagonist storage, handling, labeling, recalls, and record keeping.]

(5) The Board shall maintain documentation of medication administration training as follows:

(a) dates of general and student-specific trainings;

(b) content of the trainings;

(c) individuals who have successfully completed general and student-specific administration of medication training for the current school year; and

(d) names and credentials of the nurse or school medical advisor, if any, trainer or trainers.

(6) Licensed practical nurses may not conduct training in the administration of medication to another individual.

K. Handling, Storage and Disposal of Medications

(1) All medications, except those approved for transporting by students for self-medication, those administered by coaches of intramural or interscholastic athletics or licensed athletic trainers in accordance with Section B(3)(f) above, and epinephrine or naloxone to be used for emergency first aid in accordance with Sections D and E above, must be delivered by the parent, guardian, or other responsible adult to the nurse assigned to the student's school or, in the absence of such nurse, the school principal who has been trained in the appropriate administration of medication. Medications administered by coaches of intramural or interscholastic athletics or licensed athletic trainers must be delivered by the parent or guardian directly to the coach or licensed athletic trainer in accordance with Section B(3)(f) above.

(2) The nurse shall examine on-site any new medication, medication order and the required authorization to administer form, and, except for epinephrine and naloxone to be used as emergency first aid in accordance with Sections D and E above, shall develop a medication administration plan for the student before any medication is given to the student by any school personnel. No medication shall be stored at a school without a current written order from an authorized prescriber.

(3) The school nurse shall review all medication refills with the medication order and parent authorization prior to the administration of medication, except for epinephrine and naloxone intended for emergency first aid in accordance with Sections D and E above.

(4) Emergency Medications

(a) Except as otherwise determined by a student's emergency care plan, emergency medications shall be stored in an unlocked, clearly labeled and readily accessible cabinet or container in the health room during school hours under the general supervision of the school nurse or, in the absence of the school nurse, the principal or the principal's designee who has been trained in the administration of medication.

(b) Emergency medication shall be locked beyond the regular school day or program hours, except as otherwise determined by a student's emergency care plan.

(5) All medications, except those approved for keeping by students for self-medication, shall be kept in a designated and locked location used exclusively for the storage of medication. Controlled substances shall be

stored separately from other drugs and substances in a separate, secure, substantially constructed, locked metal or wood cabinet.

(6) Access to stored medications shall be limited to persons authorized to administer medications. Each school or before or after school program and school readiness program shall maintain a current list of such authorized persons.

(7) All medications, prescription and non-prescription, shall be delivered and stored in their original containers and in such a manner that renders them safe and effective.

(8) At least two sets of keys for the medication containers or cabinets shall be maintained for each school building or before or after school program and school readiness program. One set of keys shall be maintained under the direct control of the school nurse or nurses and an additional set shall be under the direct control of the principal and, if necessary, the program director or lead teacher who has been trained in the general principles of the administration of medication shall also have a set of keys.

(9) Medications that must be refrigerated shall be stored in a refrigerator at no less than 36 degrees Fahrenheit and no more than 46 degrees Fahrenheit. The refrigerator must be located in the health office that is maintained for health services with limited access. Non-controlled medications may be stored directly on the refrigerator shelf with no further protection needed. Controlled medication shall be stored in a locked box that is affixed to the refrigerator shelf.

(10) All unused, discontinued or obsolete medications shall be removed from storage areas and either returned to the parent or guardian or, if the medication cannot be returned to the parent or guardian, the medication shall be destroyed in collaboration with the school nurse:

(a) non-controlled drugs shall be destroyed in the presence of at least one witness;

(b) controlled drugs shall be destroyed in pursuant to Section 21a-262-3 of the Regulations of Connecticut State Agencies; and

(c) accidental destruction or loss of controlled drugs must be verified in the presence of a second person, including confirmation of the presence or absence of residue, and jointly documented on the student medication administration record and on a medication error form pursuant to Section 10-212a(b) of the Connecticut

General Statutes. If no residue is present, notification must be made to the Department of Consumer Protection pursuant to Section 21a-262-3 of the Regulations of Connecticut State Agencies.

(11) Medications to be administered by coaches of intramural or interscholastic athletic events or licensed athletic trainers shall be stored:

(a) in containers for the exclusive use of holding medications;

(b) in locations that preserve the integrity of the medication;

(c) under the general supervision of the coach or licensed athletic trainer trained in the administration of medication; and

(d) in a locked secured cabinet when not under the general supervision of the coach or licensed athletic trainer during intramural or interscholastic athletic events.

(12) In no event shall a school store more than a three (3) month supply of a medication for a student.

L. School Readiness Programs and Before or After School Programs

(1) As determined by the school medical advisor, if any, and school nurse supervisor, the following procedures shall apply to the administration of medication during school readiness programs and before or after school programs run by the Board, which are exempt from licensure by the Office of Early Childhood:

(a) Administration of medication at these programs shall be provided only when it is medically necessary for participants to access the program and maintain their health status while attending the program.

(b) Except as provided by Sections D and E above, no medication shall be administered in these programs without:

(i) the written order of an authorized prescriber; and

(ii) the written authorization of a parent or guardian or an eligible student.

(c) A school nurse shall provide consultation to the program director, lead teacher or school administrator who has been trained in the

administration of medication regarding the safe administration of medication within these programs. The school medical advisor and school nurse supervisor shall determine whether, based on the population of the school readiness program and/or before or after school program, additional nursing services are required for these programs.

(d) Only school nurses, directors or directors' designees, lead teachers or school administrators who have been properly trained may administer medications to students as delegated by the school nurse or other registered nurse. Properly trained directors or directors' designees, lead teachers or school administrators may administer oral, topical, intranasal or inhalant medications. Investigational drugs or research or study medications may not be administered in these programs.

(e) Students attending these programs may be permitted to self-medicate only in accordance with the provisions of Section B(3) of this policy. In such a case, the school nurse must provide the program director, lead teacher or school administrator running the program with the medication order and parent permission for self-administration.

(f) In the absence of the school nurse during program administration, the program director, lead teacher or school administrator is responsible for decision-making regarding medication administration.

(g) Cartridge injector medications may be administered by a director, lead teacher or school administrator only to a student with a medically-diagnosed allergic condition which may require prompt treatment to protect the student against serious harm or death.

(2) Local poison control center information shall be readily available at these programs.

(3) Procedures for medication emergencies or medication errors, as outlined in this policy, must be followed, except that in the event of a medication error a report must be submitted by the program director, lead teacher or school administrator to the school nurse the next school day.

(4) Training for directors or directors' designees, lead teachers or school administrators in the administration of medication shall be provided in accordance with Section J of this policy.

(5) All medications must be handled and stored in accordance with Section K of this policy. Where possible, a separate supply of medication shall be stored at the site of the before or after or school readiness program. In the event that it is not possible for the parent or guardian to provide a separate supply of medication, then a plan shall be in place to ensure the timely transfer of the medication from the school to the program and back on a daily basis.

(6) Documentation of any administration of medication shall be completed on forms provided by the school and the following procedures shall be followed:

(a) a medication administration record for each student shall be maintained by the program;

(b) administration of a cartridge injector medication shall be reported to the school nurse at the earliest possible time, but no later than the next school day;

(c) all instances of medication administration, except for the administration of cartridge injector medication, shall be reported to the school nurse at least monthly, or as frequently as required by the individual student plan; and

(d) the administration of medication record must be submitted to the school nurse at the end of each school year and filed in the student's cumulative health record.

(7) The procedures for the administration of medication at school readiness programs and before or after school programs shall be reviewed annually by the school medical advisor, if any, and school nurse supervisor.

M. Review and Revision of Policy

In accordance with the provisions of Conn. Gen. Stat. Section 10-212a(a)(2) and Section 10-212a-2 of the Regulations of Connecticut State Agencies, the Board shall review this policy periodically, and at least biennially, with the advice and approval of the school medical advisor, if any, or other qualified licensed physician. Any proposed revisions to the policy must be made with the advice and approval of the school medical advisor, Director of Health Services or other qualified licensed physician.

Legal References:

Connecticut General Statutes:

Public Act No. 23-5222-80, "An Act Concerning The Department of Consumer Protections Recommendations Regarding Prescription Drug Regulation"~~Childhood Mental and Physical Health Services in Schools~~"
Section 10-206
Section 10-212
Section 10-212a
Section 10-212c
Section 10-220j
Section 14-276b
Section 19a-900
Section 21a-240
Section 52-557b

Regulations of Conn. State Agencies:
Sections 10-212a-1 through 10-212a-10, inclusive

Memorandum of Decision, In Re: Declaratory Ruling/Delegation by Licensed Nurses to Unlicensed Assistive Personnel, Connecticut State Board of Examiners for Nursing (April 5, 1995)

Storage and Administration of Opioid Antagonists in Schools: Guidelines for Local and Regional Boards of Education, Connecticut State Department of Education (October 1, 2022)

ADOPTED: 10-19-2022
REVISED:

9/27/2023

REFUSAL TO PERMIT ADMINISTRATION OF EPINEPHRINE
FOR EMERGENCY FIRST AID

Name of Student~~Child~~:_____ Date of Birth:_____

Address of Student~~Child~~:

_____

Name of Parent(s):_____

Address of Parent(s):_____
(if different from child)

Connecticut law requires the school nurse and other qualified school personnel in all public schools to maintain epinephrine in cartridge injectors (EpiPens) for the purpose of administering emergency first aid to students who experience allergic reactions and do not have a prior written authorization of a parent or guardian or a prior written order of a qualified medical professional for the administration of epinephrine. State law permits the parent or guardian of a student to submit a written directive to the **school nurse or school medical advisor** that epinephrine shall not be administered to such student in emergency situations. This form is provided for those parents who refuse to have epinephrine administered to their child. The refusal is valid for only for the 20__-20__ school year.

I, _____, the parent/guardian of _____,
Print name of parent/guardian Print name of student
refuse to permit the administration of epinephrine to the above named student for purposes of emergency first aid in the case of an allergic reaction.

_____ _____
Signature of Parent/Guardian Date

Please return the completed original form to your child's school nurse or BPS school medical advisor, Dr. Richard Young at Branford Public Schools, 185 Damascus Road, Branford, CT 06405.

9/27/2023~~10/2022~~

REFUSAL TO PERMIT ADMINISTRATION
OF OPIOID ANTAGONISTS FOR EMERGENCY FIRST AID

Name of Student~~Child~~:_____ Date of Birth:_____

Address of Student~~Child~~:

_____

Name of Parent(s):_____

Address of Parent(s):_____
(if different from child)

Connecticut law authorizes the school nurse and other qualified school personnel in all public schools to maintain opioid antagonists (Narcan) for the purpose of administering emergency first aid to students who experience an opioid-related drug overdose and do not have a prior written authorization of a parent or guardian or a prior written order of a qualified medical professional for the administration of opioid antagonists. State law permits the parent or guardian of a student to submit a written directive to the **school nurse or school medical advisor** that opioid antagonists shall not be administered to such student in emergency situations. **This form is provided for those parents who refuse to have opioid antagonists administered to their child.** The refusal is valid for only for the 20__-20__ school year.

I, _____, the parent/guardian of _____,
Print name of parent/guardian Print name of student
refuse to permit the administration of opioid antagonists to the above named student for purposes of emergency first aid in the case of an opioid-related drug overdose.

_____ _____
Signature of Parent/Guardian Date

Please return the completed original form to your child's school nurse or BPS school medical advisor, Dr. Richard Young at Branford Public Schools, 185 Damascus Road, Branford, CT 06405.

9/27/2023~~10/2022~~

Students **5650P**

SUICIDE PREVENTION AND INTERVENTION

The Branford Board of Education (the "Board") recognizes that suicide is a complex issue and that schools are not mental health treatment centers. The Branford Public Schools (the "District") cannot be expected to thoroughly evaluate and eliminate suicidal risk. Nevertheless, school personnel may become aware of specific factual circumstances in which a student has communicated a suicidal intent or other specific circumstances in which a student is at risk for suicide. In such cases, the Board is committed to respond in a supportive manner, both aggressively and immediately, to a student who has attempted, has threatened, or who communicates that they are considering attempting suicide.

Any Board employee who has knowledge that a student has made a suicidal threat, or attempt or exhibited suicidal ideation must immediately report this information to the building principal or designee, who will, in turn, notify the appropriate Student Services staff and related school team established to address student mental health needs. The principal or designee, with administrative assistance, if necessary, will contact the student's family and appropriate resources within and outside the school system as permitted by law. The Board further directs the school staff to refer students who come to their attention as being at risk of attempting suicide for professional assessment and treatment services outside of the school. Information concerning a student's suicide attempt, threat or risk will be shared with others only as permitted by state and federal law.

In recognition of the need for youth suicide prevention procedures, the Board directs the Superintendent or designee to adopt and maintain administrative regulations addressing youth suicide prevention.

Training will be provided for teachers, other school staff, and students regarding the prevention of and response to youth suicide.

Legal Reference:
Connecticut General Statutes § 10-220a
Connecticut General Statutes § 10-221 (f)
Public Act 23-167, "An Act Concerning Transparency in Education."

ADOPTED: 10-19-2022
REVISED:
10/4/2023

ADMINISTRATIVE REGULATIONS REGARDING SUICIDE PREVENTION AND INTERVENTION

The Branford Board of Education (the "Board") recognizes that suicide is a complex issue and that schools are not mental health treatment centers. The Branford Public Schools (the "District") cannot be expected to thoroughly evaluate and eliminate suicidal risk. Nevertheless, school personnel may become aware of specific factual circumstances in which a student has communicated a suicidal intent or other specific circumstances in which a student is at risk for suicide, and in such cases, the Board and the District are committed to respond in a supportive manner, both aggressively and immediately, to a student who has attempted, has threatened, or who communicates that they are considering attempting suicide. The following procedures shall be implemented toward this end.

Management of Suicidal Risk

I. Any staff member who becomes aware of a student who may be at risk of suicide must immediately notify the building principal or designee. This must be done even if the student has confided in the staff person and asked that the communication be kept confidential. The principal or designee will then notify the appropriate Student Services staff and related school team established to address student mental health needs.

II. The Student Services staff member, or when appropriate other mental health professional comparably trained in assessment of suicidal ideation, shall interview the student, consider available background information and determine whether the student is "at-risk" or in "imminent danger."

III. If the student is assessed to be "at-risk":

A. The building principal or designee, in consultation with the appropriate Student Services staff member(s) or other mental health professional, shall notify the student's parent/guardian and request a meeting with them as soon as possible, preferably that same day.

B. When the parent/guardian arrives at school, the building principal or designee, and appropriate Student Services staff member or other mental health professional, shall meet with the parent/guardian to discuss:

1. the seriousness of the situation;

2. the need for an immediate suicide risk evaluation at a medical or mental health facility, or other appropriate evaluation(s);

3. the need for continued monitoring of the student at home if the student is released following the evaluation;

4. referral to appropriate professional services outside the school system; and

5. a request for the parent/guardian to sign a release of information form permitting communication between the school and the facility to which the student will be taken, the student's therapist and other appropriate individuals.

C. The building principal or designee shall document in writing the course of events, including what transpired at the meeting, and the outcome.

D. The building principal or designee may notify other staff, as necessary to promote the safety of the student and others.

E. The building principal or designee may refer the student to the school's Child Study Team, Mental Health Team, Crisis Intervention Team, Student Assistance Team, Planning and Placement Team or other staff as appropriate for further consultation and planning.

F. The building principal or designee shall monitor the student's progress and shall consult as necessary with family, school staff, and outside professionals, if permitted by state and federal law.

IV. If the student is assessed to be "in imminent danger":

A. The building principal or designee shall ensure that the student is not left alone.

B. The building principal or designee shall notify the parent/guardian and request that the student be picked up at school and taken to a medical or mental health professional for thorough suicidal risk evaluation.

C. When the parent/guardian arrives at school, the building principal or designee, and appropriate Student Services staff member or other mental health professional, shall meet with the parent/guardian to discuss:

1. the seriousness of the situation;

2. the need for an immediate suicide risk evaluation at a medical or mental health facility, or other appropriate evaluation(s);

3. the need for continued monitoring of the student at home if the student is released following the evaluation;

4. referral to appropriate professional services outside the school system; and

5. a request for the parent/guardian to sign a release of information form permitting communication between the school and the facility to which the student will be taken, the student's therapist and other appropriate individuals.

In addition, the building principal or designee:

a. shall document in writing the course of events, including what transpired at the meeting, and the outcome.

b. shall inform the principal of the course of events and the outcome.

c. may notify other staff, as necessary to protect the student and others.

g. shall refer the student to the school's Child Study Team, Mental Health Team, Crisis Intervention Team, Student Assistance Team, Planning and Placement Team or other staff as appropriate for further consultation and planning.

D. In instances where the parent/guardian is unable to come to school after being notified that their child has been identified as “in imminent danger” and the student must be picked up from school and taken for a thorough suicidal risk evaluation, the building principal or designee shall notify the parent/guardian of the District’s intent to and arrange transport of the student to an appropriate evaluation/treatment site by means of emergency vehicle (e.g., ambulance or police cruiser). The building principal or designee shall arrange for an emergency vehicle to transport the student to the hospital or an appropriate mental health facility; shall inform hospital/facility staff of known information pertaining to the situation; and shall plan follow-up in relation to hospital staff or mental health facility staff decisions as to how to proceed.

In addition, the the building principal or designee:

1. shall provide, over the telephone, information to the parent/guardian as to available resources outside and within the school system, and shall plan follow-up contacts;
2. may notify police if the student poses a threat to the safety of self or others, or as dictated by other circumstance;.

3. shall document in writing the course of events and the outcome;

4. shall inform the principal of the course of events and the outcome;

5. may notify other staff, as necessary to promote the safety of the student and others; and

6. shall refer the student to the school's Child Study Team, Mental Health Team, Crisis Intervention Team, Student Assistance Team, Planning and Placement Team or other staff as appropriate for further consultation and planning.

E. If the parent/guardian does not agree with the school's determination that the student is in imminent danger or for any other reason refuses to take action, the principal or designee shall meet with the building principal to develop an immediate plan focused on the safety of the student. The principal or designee shall document in writing the course of events and the outcome.

F. When a student assessed to have been "in imminent danger" returns to the school, the building principal or designee or the appropriate school-based team (if such referral has been made) shall coordinate consultation with outside professionals, supportive services in school, and changes in the instructional program, when necessary and as permitted b y state and federal law.

V. When addressing students who may be “at risk” or “in imminent danger” of suicide, the Designated Staff Member shall consider, in light of the particular circumstances, whether a report to the Department of Children and Families is necessary and/or appropriate in accordance with statutory mandated reporting obligations, Board policy, and/or applicable law.

Suicide Education/Prevention - Students and Staff

I. As part of the District’s Health Education Curriculum and Developmental Guidance Curriculum, students will be educated regarding suicide risk factors and danger signals, and how they might appropriately respond if confronted with suicidal behavior, verbalizations, or thoughts.

II. Annually, in-service training for school staff will be held in each school building to discuss suicide risk factors, danger signals, and the procedures outlined in these regulations.

Legal Reference:

Connecticut General Statutes § 10-220a
Connecticut General Statutes § 10-221(f)
Public Act 23-167, "An Act Concerning Transparency in Education."

ADOPTED: October 19, 2022
REVISED:_____

10/4/2023

Students **5650P**

SUICIDE PREVENTION AND INTERVENTION

The Branford Board of Education (the "Board") recognizes that suicide is a complex issue and that schools are not mental health treatment centers. The Branford Public Schools (the "District") cannot be expected to thoroughly evaluate and eliminate suicidal risk. Nevertheless, school personnel may become aware of specific factual circumstances in which a student has communicated a suicidal intent or other specific circumstances in which a student is at risk for suicide. In such cases, the Board is committed to respond in a supportive manner, both aggressively and immediately, to a student who has attempted, has threatened, or who communicates that they are considering ~~School personnel may recognize a potentially suicidal youth and, in such cases, may make a preliminary determination of level of risk. The Board directs the school staff to refer students who come to their attention as being at risk of~~ attempting suicide ~~for professional assessment and treatment services outside of the school~~.

~~The Board recognizes the need for youth suicide prevention procedures and will establish programs to assist staff to identify risk factors, intervention procedures, and procedures for referral to outside services. Training will be provided for teachers and other school staff and students to provide awareness and assistance in this area.¶~~

Any Board employee who has knowledge that a student has made ~~of~~ a suicidal threat, or attempt or exhibited suicidal ideation must immediately report this information to the building principal or ~~his/her~~ designee, who will, in turn, notify the appropriate Student Services staff and related school team established to address student mental health needs. The principal or ~~his/her~~ designee, with administrative assistance, if necessary, will contact the student's family and appropriate resources ~~outside and~~ within and outside the school system as permitted by law. The Board further directs the school staff to refer students who come to their attention as being at risk of attempting suicide for professional assessment and treatment services outside of the school. ~~.~~ Information concerning a student's suicide attempt, threat or risk will be shared with others only as permitted by state and federal law ~~to the degree necessary to protect that student and others~~.

In recognition of the need for youth suicide prevention procedures, the Board directs the Superintendent or designee to adopt and maintain administrative regulations addressing youth suicide prevention.

Training will be provided for teachers, other school staff, and students regarding the prevention of and response to youth suicide.

Legal Reference:

Connecticut General Statutes § 10-220a~~221(c)~~
Connecticut General Statutes § 10-221 (f)
Public Act 23-167, "An Act Concerning Transparency in Education."

ADOPTED: 10-19-2022
REVISED:

10/4/2023~~4/19/05~~
~~Technical Rev. 10/1/2020~~ ¶

ADMINISTRATIVE REGULATIONS REGARDING SUICIDE PREVENTION AND INTERVENTION

~~Management of Suicidal Risk~~¶

The Branford Board of Education (the "Board") recognizes that suicide is a complex issue and that schools are not mental health treatment centers. The Branford Public Schools (the "District") ~~school~~ cannot be expected to thoroughly evaluate and eliminate suicidal risk. Nevertheless, ~~the Branford Board of Education (the "Board")~~ school personnel may become aware of specific factual circumstances in which a student has communicated a suicidal intent or other specific circumstances in which a student is at risk for suicide, and in such cases, the Board and the District are ~~is~~ committed to respond in a supportive manner, both aggressively and immediately, to a student who has attempted, has threatened, or who communicates that they are~~is seriously~~ considering attempting suicide. The following procedures shall be implemented toward this end.

Management of Suicidal Risk

I. Any staff member who becomes aware of a student who may be at risk of suicide must immediately notify the building principal or ~~his/her~~ designee. This must be done even if the student has confided in the staff person and asked that the ~~his/her~~ communication be kept confidential. The principal or designee will then notify the appropriate Student Services staff and related school team established to address student mental health needs.

II. The Student Services staff member, or when appropriate other mental health professional comparably trained in assessment of suicidal ideation, shall interview the student, consider available background information and determine whether the student is "at-risk" or in "imminent danger."

III. If the student is assessed to be "at-risk":

A. The building principal or designee, in consultation with the appropriate Student Services staff member(s) or other mental health professional, shall notify the student's parent/guardian and request a meeting with them as soon as possible, preferably that same day.

B. When the parent/guardian arrives at school, the building principal or designee, and appropriate Student Services staff member or other mental health professional, shall meet with the parent/guardian ~~him/her~~ to discuss:

1. the seriousness of the situation;

2. the need for an immediate suicide risk evaluation at a medical or mental health facility, or other appropriate evaluation(s);

3. the need for continued monitoring of the student at home if the student ~~he/she~~ is released following the evaluation;

4. referral to appropriate professional services outside the school system; and

5. a request for the parent/guardian to sign a release of information form permitting communication between the school and the facility to which the student will be taken, the student's therapist and other appropriate individuals.

C. The building principal or designee shall document in writing the course of events, including what transpired at the meeting, and the outcome.

D. ~~If the parent/guardian does not follow through, thereby leaving the student "at-risk", a medical referral to the Department of Children and Families (DCF) should be made (if the student is less than 18 years of age). The parent/guardian should be notified as soon as possible that such a referral has been made.¶~~

E~~D~~. The building principal or designee may notify other staff, as necessary to promote the safety of ~~protect~~ the student and others.

E~~F~~. The building principal or designee may refer the student to the school's Child Study Team, Mental Health Team, Crisis Intervention Team, Student Assistance Team, Planning and Placement Team or other staff as appropriate for further consultation and planning.

F~~G~~. The building principal or designee shall monitor the student's progress and shall consult as necessary with family, ~~outside professionals and~~ school staff, and outside professionals, if permitted by state and federal law.

IV. If the student is assessed to be "in imminent danger":

A. The building principal or designee shall ensure that the student is not left alone.

B. The building principal or designee shall notify the parent/guardian and request that the student be picked up at school and taken to a medical or mental health professional for thorough suicidal risk evaluation.

C. When the parent/guardian arrives at school, the building principal or designee, and appropriate Student Services staff member or other mental health professional, shall meet with the parent/guardian~~him/her~~ to discuss:

1. the seriousness of the situation;

2. the need for an immediate suicide risk evaluation at a medical or mental health facility, or other appropriate evaluation(s);

3. the need for continued monitoring of the student at home if the student~~he/she~~ is released following the evaluation;

4. referral to appropriate professional services outside the school system; and

5. a request for the parent/guardian to sign a release of information form permitting communication between the school and the facility to which the student will be taken, the student's therapist and other appropriate individuals.

In addition, the building principal or designee:

~~D.~~ a. ~~The building principal or designee~~ shall document in writing the course of events, including what transpired at the meeting, and the outcome.

b. ~~E. The building principal or designee~~ shall inform the principal of the course of events and the outcome.

c.~~F. The building principal or designee~~ may notify other staff, as necessary to protect the student and others.

g.~~G. The building principal or designee may~~ shall refer the student to the school's Child Study Team, Mental Health Team, Crisis Intervention Team, Student Assistance Team, Planning and Placement Team or other staff as appropriate for further consultation and planning.

~~H. If the parent/guardian is unable to come to school:¶~~

D. In instances where the parent/guardian is unable to come to school after being notified that their child has been identified as “in imminent danger” and the student must be picked up from school and taken for a thorough suicidal risk evaluation, the building principal or designee shall notify the parent/guardian of the District’s intent to and arrange transport of the student to an appropriate evaluation/treatment site by means of emergency vehicle (e.g., ambulance or police cruiser). The the building principal or

designee shall arrange for an emergency vehicle to transport the student to the hospital or an appropriate mental health facility; shall inform hospital/facility staff of known information pertaining to the situation; and shall plan follow-up in relation to hospital staff or mental health facility staff decisions as to how to proceed.

In addition, the the building principal or designee:

1. shall provide, over the telephone, information to the parent/guardian as to available resources outside and within the school system, and shall plan follow-up contacts~~.~~;

2. ~~The building principal or designee will notify the parent/guardian of his/her intent to and arrange transport of the student to an appropriate evaluation/treatment site by means of emergency vehicle (e.g., ambulance or police cruiser).¶~~

2~~3~~. ~~Police~~ may ~~be~~ notify~~ied~~ police if the student poses a threat to the safety of ~~him/her~~self or others, or as dictated by other circumstance;~~s~~.

3~~4~~. ~~The building principal or designee~~ shall document in writing the course of events and the outcome~~.~~;

4~~5~~. ~~The building principal or designee~~ shall inform the principal of the course of events and the outcome;~~.~~

5. may notify other staff, as necessary to promote the safety of the student and others; and

6. shall refer the student to the school's Child Study Team, Mental Health Team, Crisis Intervention Team, Student Assistance Team, Planning and Placement Team or other staff as appropriate for further consultation and planning.

E~~I~~. If the parent/guardian does not agree with the school's determination that the student is in imminent danger or for any other reason refuses to take action, the principal or designee~~.~~¶
¶
~~1. The building principal or designee~~ shall meet with the building principal to develop an immediate plan focused on the safety~~protection~~ of the student. The principal or designee ¶
¶
~~2. The building principal or designee shall notify the parent/guardian of the plan and shall either a) inform the parent/guardian that the~~

~~Department of Children and Families (DCF) will be contacted and a medical neglect referral made, if the parent/guardian remains uncooperative and the student is less than 18 years of age; or b) inform the parent or guardian and student that the police will be called if the parent or guardian or student remains uncooperative.¶~~

~~¶~~

~~3. The building principal or designee shall arrange for an emergency vehicle to transport the student to the hospital or an appropriate mental health facility; shall inform hospital staff of the situation; shall plan follow-up in relation to hospital staff or mental health facility staff decisions as to how to proceed.¶~~

~~¶~~

~~4. The building principal or designee shall consult and cooperate with DCF and/or the police as necessary.¶~~

~~¶~~

~~5. The building principal or designee~~ shall document in writing the course of events and the outcome.

F~~I~~. When a student assessed to have been "in imminent danger" returns to the school, the building principal or designee or the appropriate school-based team (if such referral has been made) shall coordinate consultation with outside professionals, supportive services in school, and changes in the instructional program, when necessary and as permitted b y state and federal law.

V. When addressing students who may be “at risk” or “in imminent danger” of suicide, the Designated Staff Member shall consider, in light of the particular circumstances, whether a report to the Department of Children and Families is necessary and/or appropriate in accordance with statutory mandated reporting obligations, Board policy, and/or applicable law.

Suicide Education/Prevention - Students and Staff

I. As part of the District’s ~~Branford Public Schools'~~ Health Education Curriculum and Developmental Guidance Curriculum, students will be educated regarding suicide risk factors and danger signals, and how they might appropriately respond if confronted with suicidal behavior, verbalizations, or thoughts.

II. Annually, in-service training for school staff will be held in each school building to discuss suicide risk factors, danger signals, and the procedures outlined in these regulations.

Legal Reference:

Connecticut General Statutes § 10-2201a~~(e)~~
Connecticut General Statutes § 10-221(f)
Public Act 23-167, "An Act Concerning Transparency in Education."

¶
¶

ADOPTED: October 19, 2022
REVISED:_____

10/4/2023~~4/19/05~~
~~Technical Rev. 10/1/2020~~¶